CALGARY'S HEALTH & WELLNESS MAGAZINE

JAN/FEB 2004

apple

Eating your way to health and happiness

Foods that help you stay trim, sharpen your mind and help prevent serious illnesses

Mending a broken heart

Learn why Calgary is the best place in Canada to survive a heart attack

Also

Catherine Ford's story of survival

Secret Sorrow

Uncovering the leading killer of men 25 to 49

PLUS:

Aboriginal health program takes shape

Are Canada's children too fat?

Fitness secrets

What you need to know about the flu

Fabulous fibre

Can vitamin C prevent a cold?

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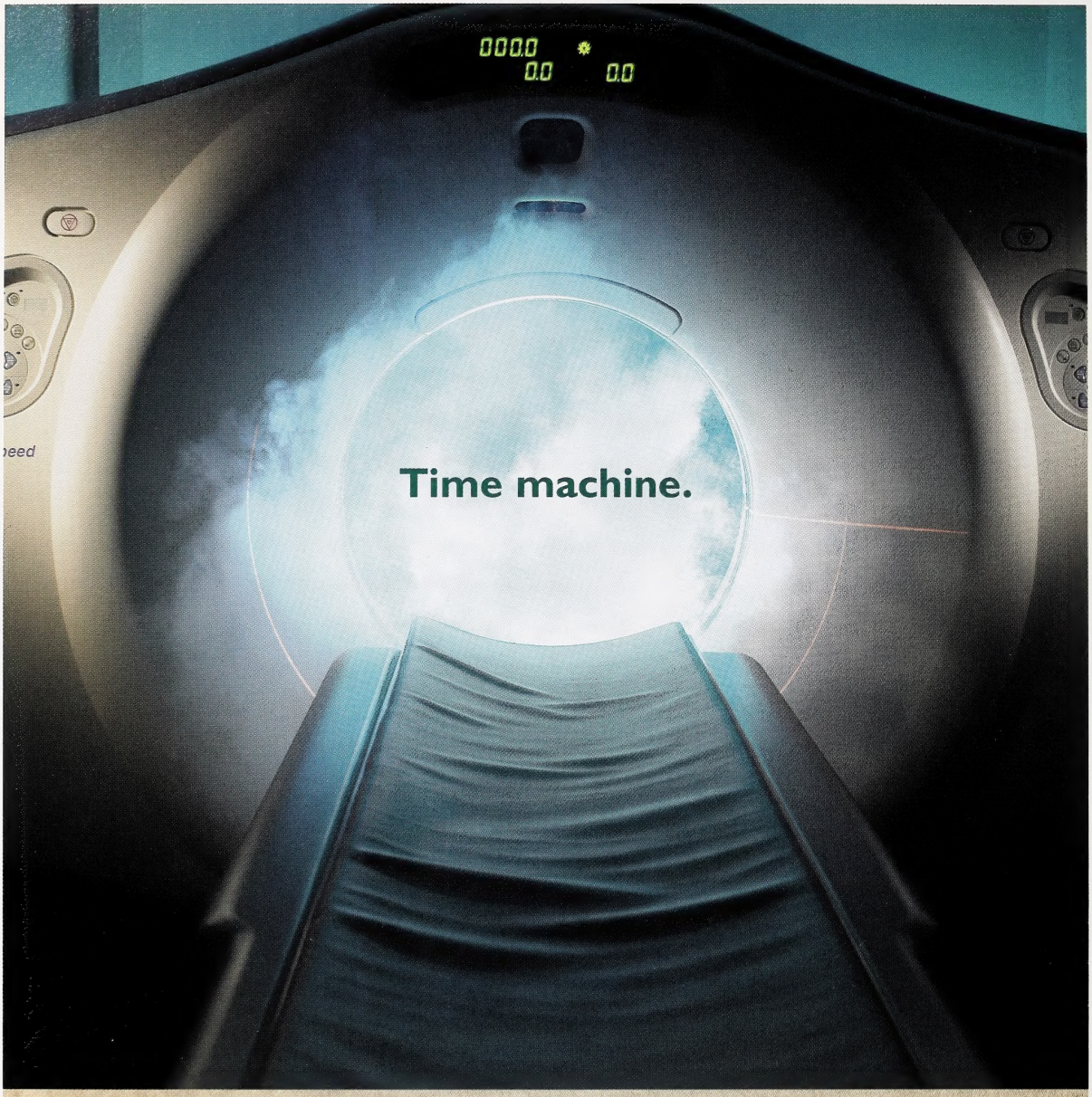

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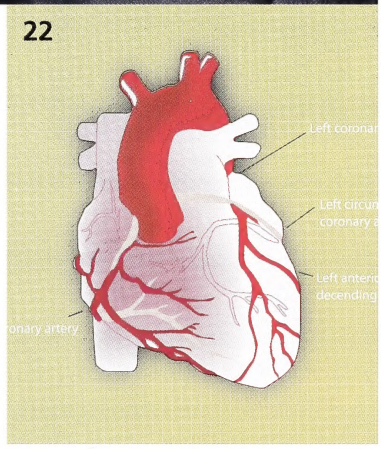

CONTENTS

Departments

Columns

apple

Jan/Feb. 2004 Volume 2 Issue 1

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On the cover Calgary Health Region Nutritionist Annie Lee **Photograph by -** Maja Swannie

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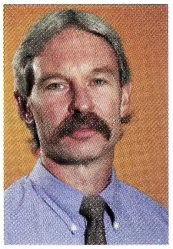
A LETTER FROM
THE CALGARY HEALTH REGION
DR. RICHARD MUSTO

True confessions:
My mother was a dietician



I am a community medicine, or public health, physician and have been associated with health promotion and disease prevention programs throughout my career.

One rather annoying consequence of this is that colleagues and clients alike seem to like to look over my shoulder at what I eat at lunchtime.

Depending on what I've packed from home or bought at the cafeteria, I then get either a wagging finger or a comment about my discipline (and I'm not sure sometimes which is the more accusatory).

Well, the truth is, neither response is quite appropriate given the fact that my mother was a dietician. My brothers and I continue to enjoy balanced, healthy diets as adults because that is what we grew up accustomed to, it was viewed as "normal," and it is what we gratefully return to when deviations make us feel less than right.

In this brief article, I want to share with you three features of this upbringing that still ring true today, and, from time to time, are hailed as the "latest thing." And I hope that my children and yours will also adopt as their norm my mom's balanced approach to eating — all things in moderation; eat appropriate serving sizes ("four asparagus each for the boys, three each for Dad and I"); keep healthy snacks more accessible than the empty calorie junk food.

Canada's Food Guide has evolved over the decades since it was introduced, but hasn't strayed much from its emphasis on balanced selections from the four major food groups — grains, milk products, meat (and alternatives) and fruit and vegetables. The value of this approach is underscored in this issue's cover story on page 34. While there are recommendations about the number of daily servings in each group, one needn't be a slave to a daily count. In order to help with this and, I'm sure, organize her grocery shopping, my mother planned our supper meals by the week: Sunday was a roast, Monday a chop, Tuesday a casserole, etc. While my brothers and I can still probably recite the week's routine, it did mean that a balance was achieved and daily variations were compensated for over time.

I am not joking about Mother counting out the vegetables. My wife, and my brothers' wives, all took turns poking fun at her for that, but again there was wisdom in it. A tight grocery budget was never stretched carelessly; little food was left over, thus limiting the "eat and be quiet" suppers; and each family member received the portion appropriate for their particular changing needs. This discipline is a very important corollary to eating foods from all the good groups — it is only healthy if the portion sizes fit the individual's needs — "giant-sizing" everything is only appropriate if you're feeding a giant.

Finally, keep the healthy snacks handy. When we were little, the only time — apart from special occasions such as birthdays, Christmas or Halloween — that I can remember having pop and chips in the house was on Saturday nights.
I am dating myself here, but at least in the winter, the only thing on TV was Hockey Night in Canada (on CBC) or la soiree du hockey au Canada (on Radio Canada), take your pick. We shared a bowl of potato chips or peanuts and had one bottle of pop each. When we finished that, my brothers and I rinsed out the bottles and filled them up with milk or water for the rest of the game. Being a dietician, my mother was a great cook and enjoyed baking (she made a wicked maple walnut fudge at Christmas), but these treats were truly that — treats at special times. For regular times, snacks were fruit (in season), raw veggies, cereal or toast with homemade jam. Those are still what I like.

So, I'm sorry that this will dissuade colleagues of the notion that I have such terrific discipline, or deprive them of the satisfaction of tsk-tsking an occasional indulgence, but the truth is that I learned healthy habits from my dietician mom. Yet, we need not all have that level of training to provide a home environment that supports the healthful choices that are also economical and enjoyable. We can do this for our children, partners and ourselves, by following Canada's Food Guide in a thoughtful and sensible way. Happy eating!

Dr. Richard Musto is executive medical director responsible for health promotion and wellness, Calgary Health Region.

Letters to the Editor

Congratulations to Apple

I feel the need to drop you this short note just to say "Bravo!" for this, your first issue of Apple. It is indeed a most informative magazine.

I have just read *Jacqueline's Journey* – it brought back so many memories of my involvement with the young at Children's Hospital here in Winnipeg. Your article, although it filled me with sadness, also gave me hope for those many children who have been and will be inflicted with this dreaded disease, cancer. I must admit my eyes filled with tears when I read your report of Dr. Max Coppes's teamwork approach within the Children's Oncology Group. I could go on and on, but I will close by once again congratulating you. Continue in this vein and you will make history.

Ruth Kettner
Winnipeg

Bike helmets save lives

Thank you for portraying cycling in a positive light in the article *High Road to Health* by Lynne Koziey. As an avid cyclist who has commuted to work on my bicycle for the past three years, I am pleased to see that cycling continues to be seen as a healthy and socially conscious alternative to driving.

As a magazine dedicated to health and wellness, however, I am very surprised by your portrayal of Debbie Woolgar riding her bicycle without her helmet. Study after study has shown that bicycle helmets are highly effective in mitigating head injuries associated with bicycle crashes. Cyclists who truly are taking the "high road to health" will understand the importance of wearing a helmet, and it does a disservice to show a photograph of a cyclist, even if just for a photo opportunity, on our pathways not wearing a helmet.

Carla Peebles
Calgary

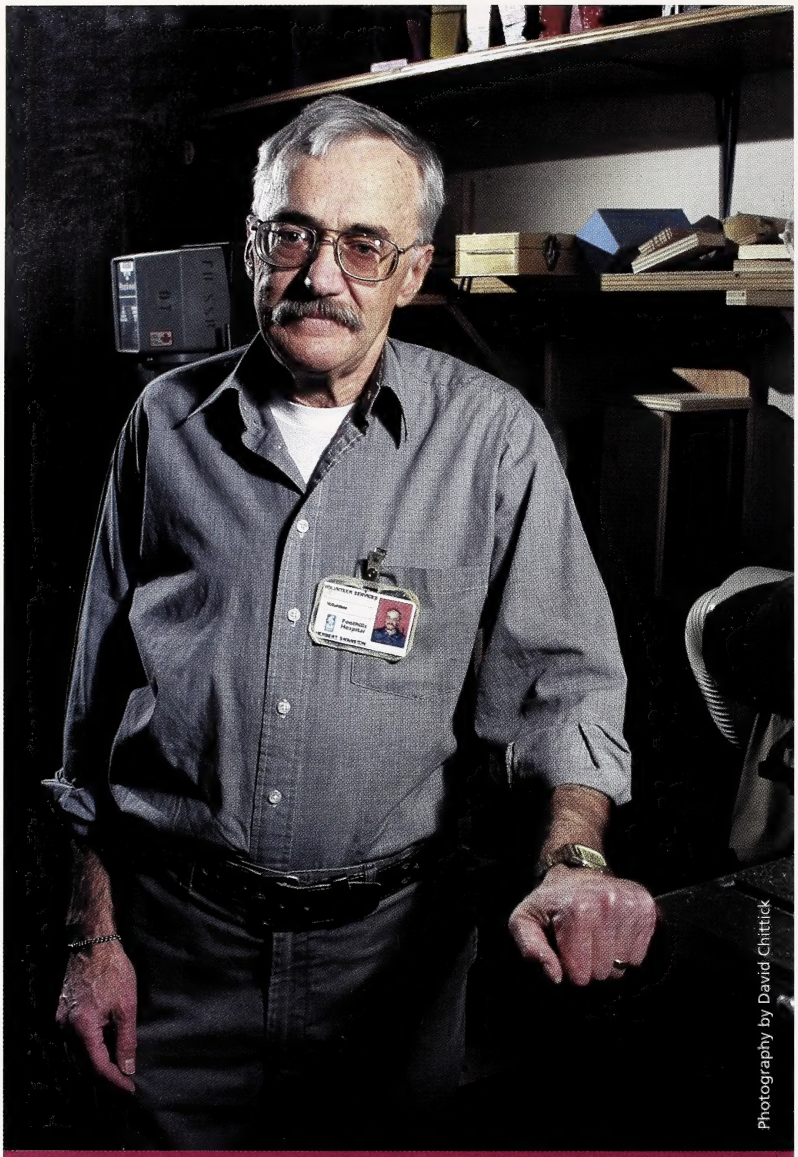
For the record

I am writing to clarify that rather than a "diagnostic technician" I am a "diagnostic imaging clerk."
I appeared in the medical team picture in the story *Jacqueline's Journey* representing the many radiologists, technologists, clerks, nurses, transcriptionists and management of the Alberta Children's Hospital Diagnostic Imaging Department - all proud members of Jacqueline's care team. Diagnostic Imaging includes MRI (Magnetic Resonance Imaging), CT (Computed Tomography), Ultrasound, Nuclear Medicine and General Radiography (X-ray).

Lara McRitchie
Calgary

Corrections:
A credit line accompanying A Day in the Life: The Nursery in the last issue of Apple was incorrect. The photographs were taken by Maja Swannie.

Letters to the editor and story ideas may be submitted to: Apple, 10101 Southport Road S.W., Calgary Alberta, T2W 3N2. E-mail: apple@calgaryhealthregion.ca



Photography by David Chittick

Paying Forward

Heart transplant recipient Herb Swanston has spent 5,000 hours helping others rebuild their lives

BY GEOFFREY VANDERBURG

Some people volunteer two days a year. Others volunteer two days a month. Then there's heart transplant recipient Herb Swanston who has been volunteering at Calgary's Foothills Medical Centre two full days every week for the past eight years. It is his way, he says, of giving back for getting a second shot at life.

"I'm very grateful for what the medical system has given me," he says, explaining his unwavering commitment. "I didn't have much time left."

A debilitating heart muscle disease forced Swanston to undergo a heart transplant in Edmonton in 1994. Swanston spent 200 days as a patient in Foothills before and after the operation and has spent countless hours being monitored by Calgary's heart transplant clinic ever since. "That's a monumental expense to the system. I feel good about being able to pay something back."

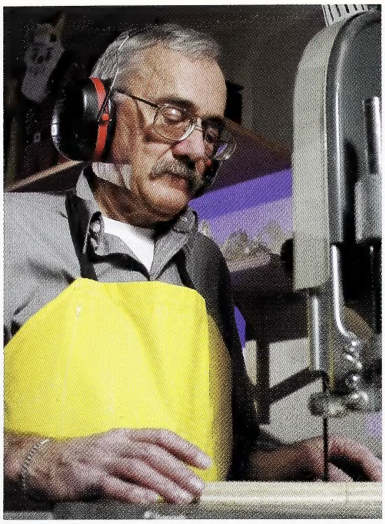
Swanston volunteers in a woodshop at Foothills designing and developing rehabilitation equipment

"I feel good about being able to pay something back."

such as transfer boards that allow wheelchair-bound patients to move easily from a vehicle to a chair. He also creates woodworking kits so patients can build, sand and finish toys, birdhouses and craft items as part of their rehabilitation. Swanston has clocked in 5,000 hours since 1996 when his own rehabilitation in the woodshop came to an end. "What started off as therapy to me became beneficial to the rest of the patients," he says. "I felt this was something I wanted to continue."

In November, the Alberta Therapeutic Recreation Association honoured Swanston with a citation for his dedication, sincerity and gentleness of spirit. "Herb is truly part of the fabric of our department," says Brandi Hubl, recreation therapist in Rehabilitation Services at Foothills. "In fact, staff line up on Wednesdays and Fridays to be the first to make use of Herb's expertise."

Swanston, 59, is a former engineer at Imperial Oil. The company has helped support and pay for some of the woodshop's equipment through a volunteer involvement program for its employees and retirees. Swanston rose to senior operations superintendent in Imperial Oil's drilling department before his weakening heart forced him onto disability in 1992. His own recovery process combined



Herb Swanston at work in the FMC woodshop.

with his engineering background has helped Swanston to come up with creative solutions to some of the challenges faced by patients in rehabilitation.

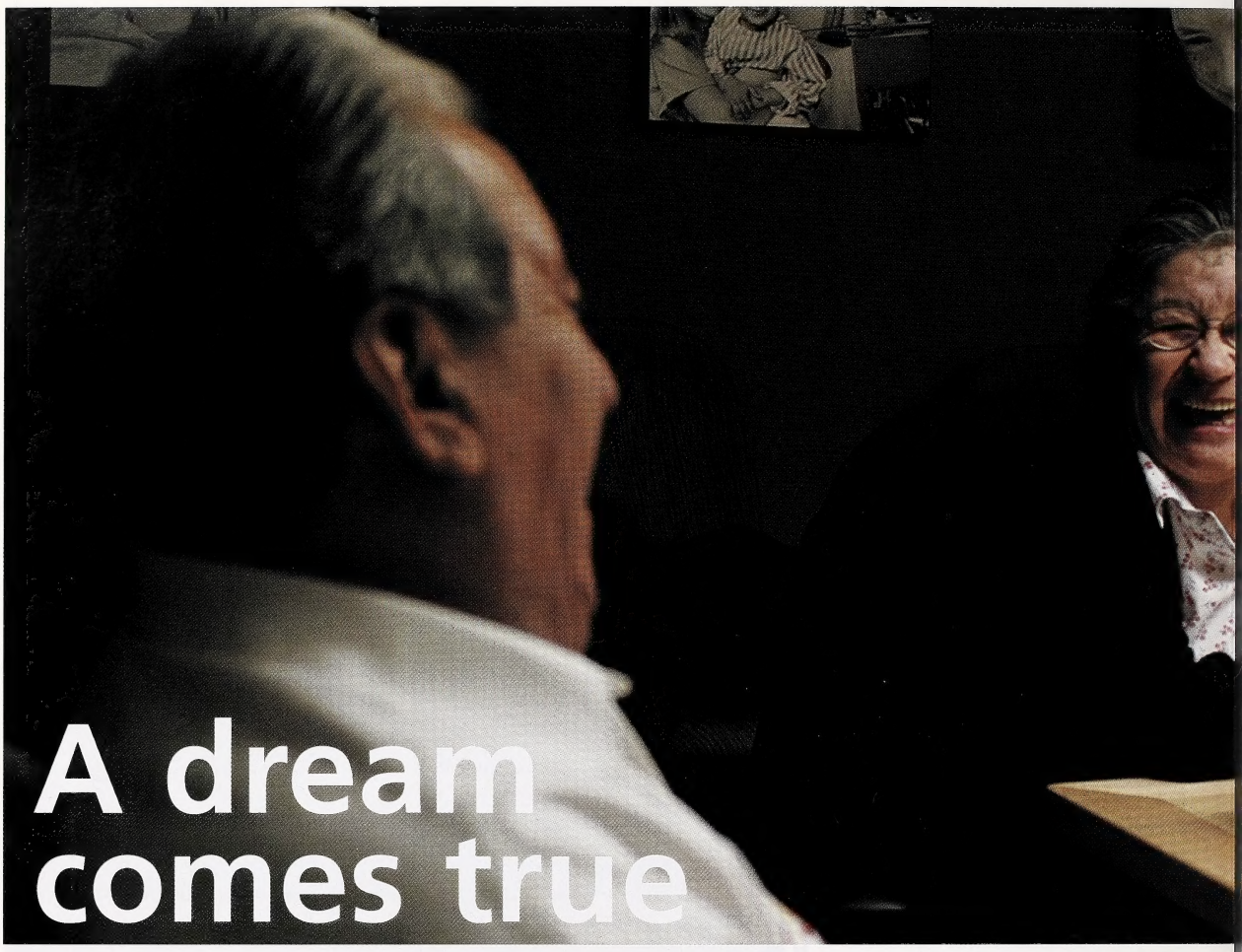
"The therapists have an idea and we turn it into something that functions," he says. "From time to time the therapists will bring me a picture in a book and I'll make it at a fraction of the cost because there's no labour involved."

Swanston says he receives immense personal satisfaction from his volunteer contribution. Although he golfs, bowls, curls and hikes, this gives him some "purpose." He can also relate personally to what those in rehabilitation are experiencing. "It's not easy for a lot of them," says Swanston, sympathetically. "They've come from high functioning jobs and it's a long process to recover and get back to where you can function in the community. That took me a long time."

Swanston must take anti-rejection drugs for the rest of his life, although he is now down to three checkups a year at Calgary's heart transplant clinic. He will always be grateful for the work of the clinic's cardiologists, including Dr. Debra Isaac and Dr. Wayne Warnica before and after his operation, he says. "You have to believe you're going to get better. But you have to believe in the people who are helping you, too."

Swanston's heart transplant allowed him valuable years with his wife Ellen, a nurse, and his sons Paul, 27, and Michael, 24. "As I became more and more debilitated, I kind of lost the ability to be a father," he recalls. "I couldn't attend their hockey games as regularly and things of that nature.... This transplant allowed me to become a father again."

Geoffrey Vanderburg is editor of Frontlines, the Calgary Health Region's internal newsletter.



A dream comes true

Antoinette Van Hazendonk spent years working to create a culturally sensitive health program for First Nations – and the Calgary Health Region is working to make it happen

BY VERONICA SCOTT

"Our Elders have told us we must come together, and today we are together walking across the river holding hands. To help us make our way, we are setting a series of stepping-stones."

Antoinette Van Hazendonk

Sadly, Elder Antoinette Van Hazendonk died in 2002 before her dream of a collaborative, culturally sensitive Aboriginal Health Program in the Calgary Health Region could be realized.

Her dream, however, has become one of the most comprehensive, wide-reaching Aboriginal health collaborations anywhere in Canada. Under Van Hazendonk's spiritual guidance, 45 community agencies and organizations, including First Nations communities and all levels of government, have worked together to create a clear vision for Aboriginal health. Most importantly, it is guided by Aboriginals themselves.

"There is lots of evidence to show that the health status of Aboriginal people is much lower than the general population," notes Donna Lentjes, acting director of the Calgary Health Region's Aboriginal Health Program. "Generally, Aboriginal

Martin Eaglechild, Kainai Nation (Blood Tribe) and Kristina Littlechild, Siksika Nation share a story at a recent meeting of elders.

Photo David Chittick

people have shorter life expectancies than the rest of the population. Injuries are the leading cause of death and diabetes and mental health problems are pervasive."

The health status of Aboriginal people is complex and deeply rooted in historical factors. Many members of the Aboriginal community face discrimination, social and cultural isolation and unemployment. Social support networks, parenting skills, personal health practices, coping skills and traditional culture, have been weakened, she says.

"It's more than a case of providing health services, we must consider social conditions as well. This is why we are working together in a way that fully reflects the community. Our goal is to develop a common vision of health that strengthens and protects Aboriginal culture, values and traditions," she says. Spirituality, a deep respect for the interconnectedness of all things, as well as respect for the family, Elders and seniors form the cornerstones of Aboriginal health and wellness. "It's a philosophy that could benefit everyone." Working closely with Treaty 7 communities to improve health services for First Nations people is an overarching goal of the Aboriginal Health Program.

With support and advice from the Calgary Health Region's Aboriginal Community Health Council, several stepping stones are solidly in place. An Aboriginal staff member provides support to Aboriginal hospital patients and their families and helps to arrange further care upon discharge. An Aboriginal cultural educator helps both Calgary Health Region staff to understand Aboriginal culture and the broader community to understand health services. In addition, the Aboriginal Health Program has forged strong links with a multitude of community agencies to support seniors, prevent injuries and co-ordinate services for aboriginal people living in the inner city. A soon-to-be-hired mental health worker will help people get the services they need. Eventually, the program hopes to see construction of an Aboriginal health centre.

Measuring success can be tricky, but participants have defined clear guidelines to make sure they're on the right path. These include participation of Elders, spiritual leaders and other traditionalists. They want to see evidence of ceremonial and spiritual practices as well as the number of Aboriginal staff employed at all levels.

While there are still many challenges to overcome, Van Hazendonk would be pleased at the progress of the Aboriginal Health Program. Indeed, her wisdom has been the guiding force behind this groundbreaking initiative.

"In the spirituality and culture of Aboriginal peoples... we work together as family, not for the benefit of ourselves but for all. Remember your purpose, keep in mind your goals and plan for future generations."

Antoinette Van Hazendonk

Veronica Scott is a communications advisor with the Calgary Health Region.

Fast Facts

- Six First Nations communities are within Calgary Health Region boundaries
- More than 50 per cent of First Nations people live in urban settings.
- More than 50,000 Aboriginals live in Calgary.
- Aboriginal health issues include jurisdictional issues between federal and provincial governments, increasing migration to urban centres and a lack of Aboriginal health professionals.

Taking care of our heroes


Photo by Lynne Koziey

Bruce Gray is one of 135 [illegible] at the Carewest Colonel Belcher

Many of Canada's veterans still live with the physical and emotional scars of war – a fact that has helped shape the delivery of care at Calgary's Carewest Colonel Belcher

BY LYNNE KOZIEY

There was little doubt in Bruce Gray's mind that if the plunge from his bullet-riddled Lancaster aircraft didn't kill him, the Germans on the ground probably would.

In the end though, neither hurtling to earth at 95 kilometres an hour nor coming within a stone's throw of enemy forces spelled his demise. As the 81-year-old Second World War veteran sits in his room at Calgary's Carewest Colonel Belcher care centre, he keenly recalls that day, a day he has never forgotten. It was April 10, 1945 and Gray, a flying officer, had been in the War since 1940 after enlisting with the Canadian Air Force when he was 19. "That was the going thing. The Battle of Britain was on," says Gray, who flew 47 missions as a tail gunner.

He and his crewmembers were flying over a place in Germany known as Happy Valley when their plane was shot down. Of the seven men, only two survived. Five were captured and shot by the Germans. The pilot broke both of his arms in the fall but fortuitously landed in the middle of an American regiment. Gray wasn't as lucky. His kangaroo-skin flying boots were sucked from his feet as he fell through the air. He injured his back in his landing on enemy territory.

The back injury has plagued Gray ever since, as have some of the more disturbing memories of the War. Like many of the other 135 war veterans at the Colonel Belcher, Gray has certain needs that are shaped by these experiences. Understanding them and the needs they foster can often make a difference in a resident's quality of life. That's why the centre has developed a unique way to care for veterans who suffer post-traumatic stress disorder and other behaviour complications that often follow combat while addressing the physical, social and spiritual needs.

"When people come to us, they require a special environment, one that recognizes the experiences they've endured and how those experiences have affected their lives," says Marlene Collins, a program leader at the care centre. "We pay attention to their war service and how that's a part of their lives. We work as facilitators in times of distress. We recognize that vets often have more social or emotional stresses than other seniors."

To help address those issues, Carewest Colonel Belcher has a full-time social worker on staff, paid in part by Veterans Affairs Canada, which also provides funding for a full-time chaplain. "Our chaplain helps people with some of the struggles they may have with their lives and some of the struggles they've confronted during war. His job is to help them find peace and prepare them for end-of-life changes," says Collins.

Physical, recreation and occupational therapists also play an important role in the day-to-day care of veterans at the centre. Therapies mimic those offered to veterans returning home from the Second World War. At that time, Red Cross ran programs to help veterans gain new skills that would be applicable in the workforce. Funding for programs still exists through Veterans Affairs Canada, but the programs have taken on a new focus at the Colonel Belcher, which relocated to a new $24-million building last May. The familiarity of such programs goes a long way to getting the veterans involved in woodworking, arts and crafts, ceramics, drawing and music therapy. "What we've done is brought the programs to the veterans instead of bringing the veterans to the programs," says Collins. The specialized therapy also extends to an understanding of the needs of amputees — of which there is a higher percentage among veterans than other community seniors. "When they came back from the war, they had to face life with that disability. For many vets it was, and still is, a real struggle, not only physically, but also mentally," Collins says.

Of the war veterans living at the Colonel Belcher, 131 served in the Second World War while five served in the Korean War. Nine are female veterans. There are also 40 community seniors in residence, including a peacekeeper and several spouses and relatives of the veterans. Other veterans and staff are familiar with — and sensitive to — Gray's wartime stories. His unceremonious descent from his aircraft is well known. After landing in enemy territory and sustaining his back injury, Gray gathered his wits quickly, escaping into the woods where he constructed makeshift boots by cutting off the lower sleeves of his sweater, stuffing them with moss and wrapping them around his feet. "I was born in British Columbia and I worked in the

"When people come to us, they require a special environment, one that recognizes the experiences they've endured and how those have affected their lives."

forest when I was a young buck. I hid from the Germans in the swamp and as I was lying there I could hear them looking for me 100 yards away," Gray recalls vividly. "My father told me that if you ever get hurt while you're flying, always remember that Germans wear big, polished black boots and that's what I did, got in the mud because I knew they wouldn't want to get their boots dirty. I thought, 'Good Lord, get me out of this and I'll be a priest, I'll be anything you want, but just get me out of this.'"

The advice – and prayers – paid off and the Germans eventually gave up their search. It took Gray eight days to find his way to safety, his only sustenance a few packets of barley sugar included in his escape kit and a pack of Sweet Caporal cigarettes.

"I didn't think I was going to make it, I really didn't."

It was only when he came upon a pig farm that his luck changed for the better.

"The German farmer caught me getting into his pig shed where he kept his boots," recalls Gray. "Then, I heard all these tanks and guys yelling and shouting and they were Americans. This great big guy, a front-line soldier with a dented helmet, came in and he was about six foot three or four. He said, 'are you a German?' And I said, 'do I look like a German?' And he said, 'who's the finest fighter in the world?' And I said, 'Joe Louis.'

And he said, 'when was the last time you ate?' And I said, 'about eight days ago.'

And he said 'come on, you're going to have a good meal' and we jumped into his Jeep and drove down to an aid station. When I looked up, the sky had parted, and there was Polaris, the North Star."

At the aid station, a humble meal of pork and beans turned into a feast for Gray. "I was starving to death. I would have eaten the bark off the trees if I had a jack knife. It was the best pork and beans I ever had."

For his bravery, Gray was awarded the Distinguished Flying Cross, not to mention another eight medals throughout the war. He still wears his gold flying ring with the number of his "Ghost" squadron, 428, emblazoned on it along with a ruby-eyed caterpillar, symbolic of being shot down over enemy territory.

And while Gray says his memories of the war are mixed, he has since led a good life – even after revoking the promise he made in that German swamp to become a priest. When he returned to Canada, Gray went to school to become a lawyer and upon graduation met his wife Ann, who still manages to send his heart flying.

Lynne Koziey is communications co-ordinator for Carewest.

Illustration by Steven McNalley

Suicide Facts

- Last year in Alberta 441 people committed suicide, 351 males and 90 females
- Suicides within the Calgary Health Region in 2002 numbered 145
- Suicide is the leading cause of death for men between the ages of 25 and 49; they account for about 50 per cent of all suicides in the province.
- The number of suicides for males between ages 25 and 49 in Alberta in 2002 reached 194
- For every completed suicide, there are at least 17 people admitted to emergency departments who attempted it, another 80 plus who attempted it but were not hospitalized and another 1,000 who thought about it.

Source: Office of the Chief Medical Examiner of Alberta Justice

Help lines

- Distress Centre (403) 266-1605
- Centre for Suicide Prevention (403) 297-1744

Secret Sorrow

The leading cause of death among Alberta men aged 25 to 49 is not cancer, heart disease or even fast cars. It's suicide.

BY DEREK SANKEY

David Cockerton was the picture of success. A tall, athletic man who headed up a company in Calgary's oilpatch, Cockerton was the kind of person who played by the rules. Those who knew him best say they could not have imagined him even thinking of taking his own life.

But one day seven years ago he hanged himself in his office in downtown Calgary, leaving behind four children and a wife who still wonder what drove him to it and whether anything could have been done to prevent it. "It was a really devastating blow for our family," his daughter Brandi Cockerton says.

In taking his life, David Cockerton shed light on a little known but deeply disturbing fact: The biggest killer of Alberta men between the ages of 25 and 49 is not cancer, heart disease or even fast cars. It's suicide.

The numbers are startling. In 2002, 441 people committed suicide in Alberta, 351 men and 90 women. Of the total, 194 were men between the ages of 25 and 49.

The rate of male suicide, particularly in that age group, is a serious problem, in large part because men are not always receptive to the idea they may need help, says Catherine Davis, suicide response co-ordinator for the Calgary Health Region.

"Males become despondent and don't go and seek help for mental illness or depression," she says. "Women are more likely to seek help because they have been socialized to do that . . . so it's frustrating because there are many options out there that aren't always being used."

Determining the causes of depression are straightforward, points out Davis. But the average "guy" is not willing to show mental weakness or admit he may have a problem with depression. He presents a tough, macho image and internalizes many of his emotions. He may appear to be living happily on the surface, but could be facing a world of tormenting emotions in his personal life. Unfortunately, in many cases this leads to thoughts of suicide. The stigma prevents people from talking about it, researching it and taking active steps to open communication lines with

those at greatest risk, Davis adds. The problem is compounded by the fact that it is difficult to identify a person who may be contemplating suicide. "The biggest misconception people have is that there is a certain type of person who is going to do it, but we're all at risk."

While the key is communication, the subject matter is still viewed very much as taboo. "Nobody talks about it and people are terrified of it," says Davis. Despite the fact that hundreds of husbands, fathers, mothers and friends are lost to suicide each year, we don't want to face the issue head on and we ignore the help that is available to prevent such deaths, she says.

To illustrate that point, Davis says last September she tried to solicit support from corporate Calgary to raise awareness during the World Health Organization's Suicide Prevention Day. She met a brick wall. "They wouldn't even answer us back," says Davis. "They see the word suicide and that's the end of it."

Yet suicide has far reaching consequences, not the least of which is the pain and suffering of loved ones. Cockerton says years later her family still struggles with the loss of her father. "You would have expected he would have the resources to solve the problems," she says. "It was very messy and we have really struggled now to put our lives back together in light of it."

Blame is a common emotion following a suicide because survivors struggle to understand how it could have happened. A natural reaction is to point fingers at others whether they are friends, family or medical staff. Often there is guilt, shame and anger.

"For every suicide that takes place there are many individuals that are severely and intimately affected by it," says Dr. Richard Musto, executive medical director responsible for health promotion and wellness, Calgary Health Region. It is therefore important, he says, to reach out to survivors of a suicide because of the grief and confusion they face after such a loss. "Survivors are at a higher risk of complicated grieving, which may lead to or worsen physical illness, depression or substance abuse," he says. This can increase the risk of suicide as the survivors struggle to cope, Dr. Musto says.

Judy Krupich lost her teenage son to suicide five years ago. He had endured relentless bullying in a small town just south of Calgary, so Krupich moved her family to Airdrie. It was in that quiet community, however, that her son first lost his friend to suicide, and shortly after, his girlfriend. Two months later he took his own life. He did not display any signs of being at risk for suicide. As if the suicide wasn't devastating enough, Krupich's daughter was teased by other children for having "suicide germs."

"I never really thought about suicide coming into my life," says Krupich. "The stigma is really bad and people need to realize that it doesn't matter who you are, it could be anybody."

To help loved ones cope, the Calgary Health Region has produced a booklet entitled Hope and Healing: A Practical Guide for Survivors of Suicide. (See sidebar.)

Developed with input from survivors of suicide, the guide helps family and friends deal with the emotional turmoil as well as practical matters. It offers advice and coping tools and details some of the resources available. The guide has drawn interest from the U.S., Europe and Australia because of its unique approach.

Davis says one of the biggest steps in reducing the number of suicides in Alberta is for people to talk about it. There is an ill-founded belief that raising the subject of suicide with someone you are concerned about will lead him or her to contemplate it. "If you recognize somebody that's in distress, the first thing you should ask them is if they are thinking about suicide – and actually use the word suicide," suggests Davis. "That will open the door for them to reach out and get the help they need."

Cockerton is now studying to be a social worker with a focus on suicide prevention. She says looking back she can finally see how it could have happened to her father, since suicide can strike anyone. "It took me a long time to come to terms."

Derek Sankey is a Calgary writer.

What to do if you suspect someone is contemplating suicide:

Take the following steps if you see someone who is withdrawn, fails to take pleasure from normal activities, loses interest in hobbies, is reclusive, gives away possessions or talks about death or taking their own life.

- Talk to them openly; ask if they have had thoughts of suicide
- Keep the lines of communication open at all times
- Offer or direct them to resources that may be of help and encourage them to get counselling
- If you are very concerned, contact a local suicide response worker at the Distress Centre (266-1605) or call 911 if there is immediate danger

Hope and Healing: A Practical Guide for Survivors of Suicide

Developed with input from survivors of suicide, the Hope and Healing guide offered by the Calgary Health Region helps family and friends deal with the emotional turmoil as well as practical matters regarding suicide. It offers advice and coping tools and details some of the resources available.

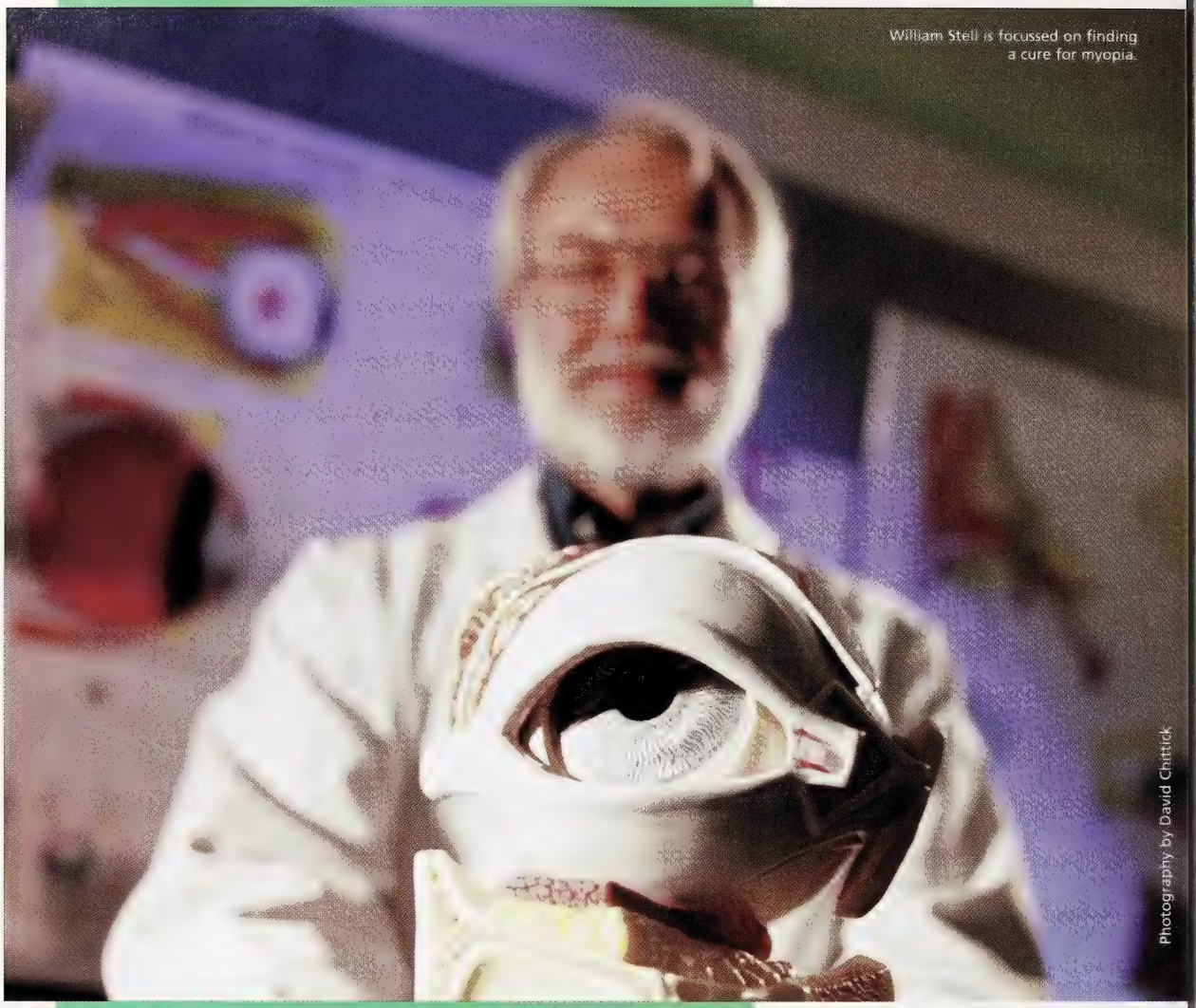
Topics include:

- When someone you love dies by suicide
  - Short-term issues
  - Telling others
  - Emergency responses and investigations
- Practical matters
  - Funeral arrangements
  - Legal and financial matters
- Working through grief
  - Coping with unique circumstances
  - How children cope
  - Long-term healing
- Resources and support groups

The guide is available online at www.calgaryhealthregion.ca/hecomm/mental/mental.htm or by phoning Mental Health Promotion and Illness Prevention at (403) 943-8131

Suicide information and prevention resources:

- **Calgary Health Region Mental Health and Psychiatric Services www.calgaryhealthregion.ca/mh**
- **Centre for Suicide Prevention www.suicideinfo.ca**
- **The American Foundation for Suicide Prevention www.afsp.org**
- **Canadian Association for Suicide Prevention (CASP) www.thesupportnetwork.com/CASP**



William Stell is focussed on finding a cure for myopia.

Photography by David Chittick

Vision for the future

U of C cell biologist William Stell sees the day when glasses will be a thing of the past

BY MARK REID

Why don't chickens need glasses?

That's exactly what William Stell would like to find out. Stell, a neuroscientist and professor of cell biology and anatomy in the University of Calgary's Faculty of Medicine, is using chickens to study the root cause of myopia, otherwise known as near-sightedness.

While a cure for myopia is still a long way off, Stell says his work could one day see new generations throwing away their glasses. "I believe it will be possible to deliver eye drops, or some kind of

drug therapy . . . that will completely prevent the progression of myopia," Stell says. "Some day, kids will come home with a note from school, saying they have vision problems, and they will start taking eye drops – and never have to wear glasses in their young life."

The cells of all living things – from chickens to Chihuahuas – are governed by chemical reactions that signal when to grow and when to stop growing. Variations in these growth signals are the reason why some people are short and others end up playing basketball in the NBA.

But while it's okay for our legs and arms to be varying sizes, the eyeball is far less forgiving. Myopia occurs when the eye grows too long, causing images to focus in front of the retina. If an eye grows even two per cent too long, Stell says that's enough to cause myopia of at least a half-diopter. "That means if you're a kid sitting in the back of class, trying to see the board, you couldn't do it," Stell says.

In his research, Stell has placed makeshift, plastic lenses over the eyes of chickens to blur their vision. The result? The chickens – which normally have the eyes of a hawk – all developed nearsightedness. "It hit me like a tonne of bricks – (myopia) is a retina problem," Stell says.

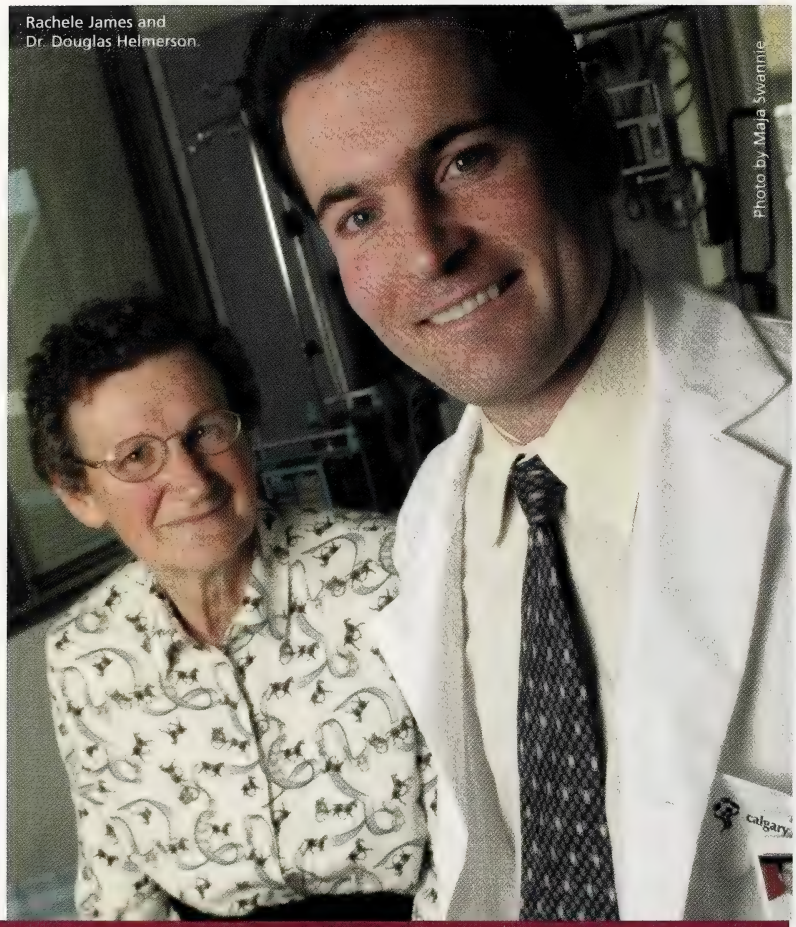
Essentially, Stell has discovered that blurring the chickens' vision triggers a signal in the eye to begin growing. Stell likens it to a car poised precariously at the top of a steep hill. If you take your foot off the brakes, you're asking for trouble. "If the eye doesn't know it's not supposed to grow, it will grow," Stell says. "It's like that car careening downhill. Ultimately the brake needs to work to keep the car from crashing – and it's the same thing here. What we're trying to figure out is how vision puts the brakes on (to prevent) eye growth."

Stell admits it's a tough egg to crack. However, he and his staff, including Dave Rushforth, Kathy Lencses, Andy Fischer and Dr. Kirstan Vessey, have recently discovered that a hormone in the chicken's eye, called "glucagon," seems to be the vision-activated "brake." The next step is establishing whether glucagon is also present in mammals. If humans have glucagon "brakes" in their eyes, then it's theoretically possible a drug therapy based on glucagon could be used to stop human eyes from growing myopic.

While Stell's work shows promise for preventing myopia, a glasses-free future remains a far-off vision for those already afflicted with nearsightedness. It will likely prove much more difficult to craft a drug that shrinks an eye that has already grown too long. "There may be a way to make it shrink back . . . but I think it's a long way off," Stell says. The toughest challenge will be finding a way to shrink the retina without damaging it. "It's difficult to imagine that the retina can be pulled back together without buckling and detaching," Stell says. "It's like old skin – after it stretches out, it doesn't shrink back the way it should."

"Some day, kids will come home with a note from school, saying they have vision problems, and they will start taking eye drops – and never have to wear glasses in their young life."

Mark Reid is editor of On Campus Weekly at the University of Calgary.



Rachele James and Dr. Douglas Helmerson.

Photo by Maja Swannie

A gift of life

Calgary will become one of two centres in the world to offer specialized lung surgery, thanks to an anonymous donation of $1 million

BY FIONA WREN

Rachele James had only one option when she was told she needed surgery to remove blood clots from her lung: Travel to San Diego for the procedure.

"While the care I received was excellent, it was difficult to be away from home," the Taber resident said.

That's about to change. Thanks to an anonymous donation of $1 million, Calgary is about to become one of only two centres in the world to offer specialized treatment for patients with lung diseases such as lung cancer and pulmonary hypertension. That means patients like James will be able to receive world class care right in their own backyard.

The donation will be used to help establish the Centre for Thoracic Medicine and acquire a key piece of equipment — a telescope-like device known as a thoracic endoscope — used in respiratory medicine. The initiative is the result of collaboration between a passionate citizen who wanted to make a gift that would benefit respiratory medicine and the Calgary Health Trust, which helps donors match their philanthropic goals to programs within the Calgary Health Region.

Among other things, physicians will be able to use the thoracic endoscope to perform a procedure known as a pulmonary angioscopy. This entails using the telescope-like device to look at blood vessels in the lungs. The equipment provides more detailed, precise images of the airway and allows procedures that are more effective and less painful for patients. San Diego is the only world centre that performs this procedure, but by 2005, patients of Calgary's Peter Lougheed Centre will have access to this treatment.

"This is a great example of how a donor's passion and commitment can be matched with the Region's needs," said Eva Friesen, chief executive officer for the Calgary Health Trust.

The Health Trust not only raises funds for excellence in health care, it helps donors give to areas of the Region that have meaning for them. Regardless of the size of the gift, donors can choose to give to a specific program that is not only significant to them, but meets the needs of patients within the Region.

"In this case, the donor approached us with an interest in doing something related to lung health," said Friesen. "We sought out the various people in the Region who head up thoracic medicine to find out what the Region needs, and that's how this centre of excellence came to be."

In addition to giving patients access to advanced care, the Centre of Excellence for Thoracic Medicine will attract world-class medical expertise to the Calgary Health Region. "New equipment will allow us to practise the most recent techniques so that we will be a leader in thoracic endoscopy research and innovation," says Dr. Chris Mody, head of Respiratory Medicine for the Calgary Health Region.

Dr. Douglas Helmerson says the donation also means that respirologists across Canada will be able to provide improved patient care.

"Respirologists will be invited to take part in thoracic endoscopy advanced training through a 12-month fellowship," says Dr. Helmerson.

For patients like James, the equipment means they have access to treatment close to home. "Having a centre where these procedures can be performed in Calgary will be more convenient and easier on patients as well as their families."

Fiona Wren is a Calgary writer.

www.calgaryhealthtrust.org

A Day in the Life

The rural nurse practitioner

PHOTOGRAPHY BY MAJA SWANNIE

Jan Fawcett

Health care pioneer

With her white smock and stethoscope, it's hard to tell whether Jan Fawcett is a doctor or a nurse. In fact, Fawcett is a bit of a health-care pioneer. She is a nurse practitioner.

Living in High River and working in Nanton, Fawcett's job description straddles the line that separates the duties of doctors and nurses. As a registered nurse with a master's degree, advanced training and clinical experience, Fawcett is able to diagnose and treat common acute diseases and injures as well as prescribe medication. Of course, she still does everything a nurse would do, such as administering flu shots, dressing wounds and developing public health promotion campaigns, such as one on farm safety.

The broad scope of practice is rewarding for Fawcett. "Anything can walk through that door," she said recently. "I can get a farm injury that needs suturing, children with earaches, chest pains…anything and everything."

A nurse practitioner for three years, Fawcett

Top Row
Left to right

Aileen Hunter visits the clinic.

Facwett heads out on the road.

Matthew Nienaber has his knee examined.

Roy Lockton gets an electrocardiogram.

Bottom Row
Left to right

Sarah Walters gets advice from Jan Fawcett

Fawcett pays a house visit to the Kitchen family.

Bill Martin gets diabetes counselling at the clinic.

Fawcett relaxes at the end of a long day with her horse.

says she takes a multidisciplinary approach to her job. "If you came in with a stomach ache, I might discuss with you, not just your stomach ache and what we can do to alleviate the pain you are having, but I might want to look at what your diet is like, and you may want to see a dietician," she said, explaining that she can make referrals to a specialist. "It encompasses a multidisciplinary team."

Despite the wider scope of practice, which includes health promotion and women's health, Fawcett says there are still many things she can't do. "That's why we have physicians – to deal with the more specialized areas."

Although the concept of the nurse practitioner is not new, they are becoming increasingly important players in the delivery of health care services, particularly in rural Alberta where doctors can be scarce.

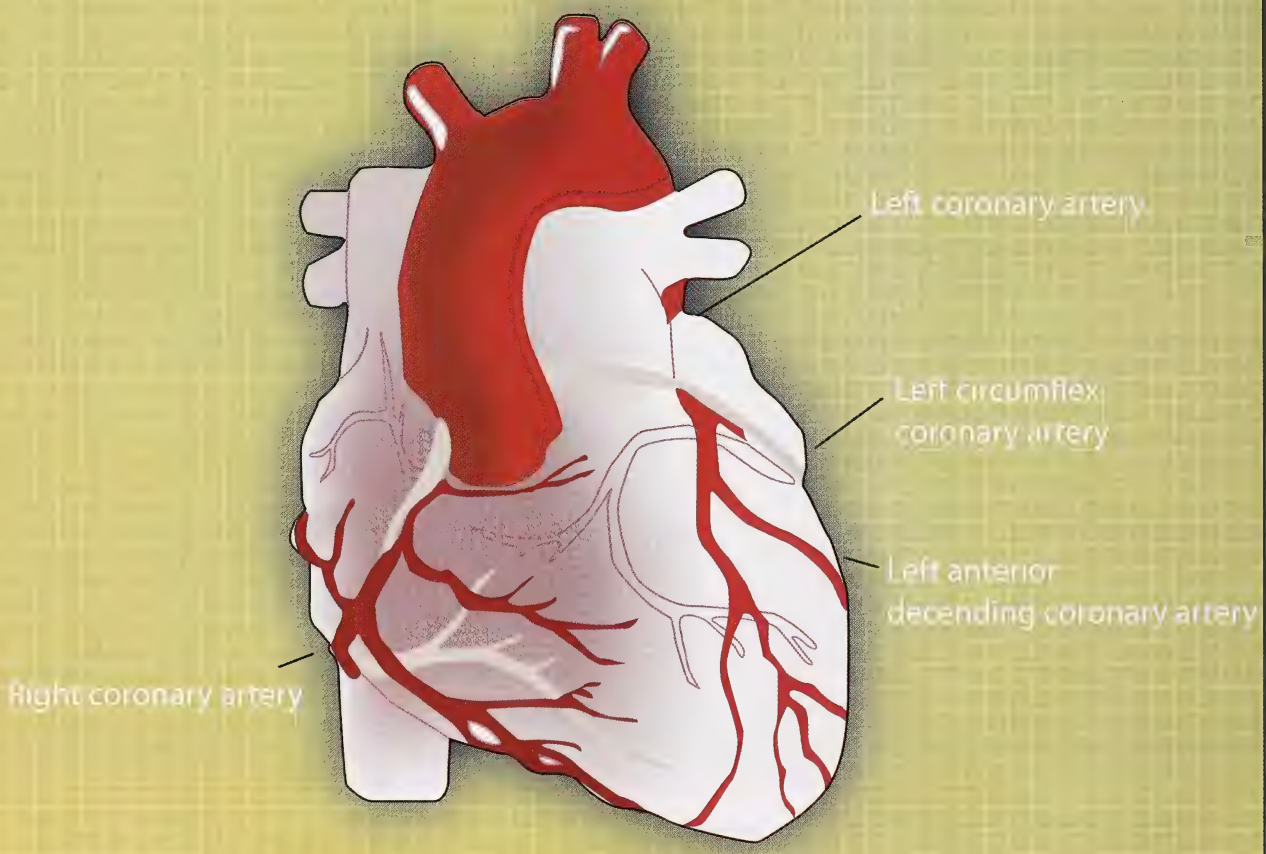
But it is the rural lifestyle that many doctors eschew that Fawcett finds most rewarding. "I'm a rural person. I grew up on a farm, I live on a farm now and we still farm. There is something about taking care of rural people that intrigues me and is part of me."

Watch a video of Jan Fawcett tending to her patients and discussing how she has tailored her approach to meet the needs of rural Albertans at calgaryhealthregion.ca/newslink/nl_janfawcett.html

How do you mend a broken heart?

A decision by cardiac specialists to work round the clock has helped make Calgary the best place in Canada to survive a heart attack

BY ROB WALKER



If you suffer from heart disease or have a family history of cardiac problems, Calgary is unquestionably the best place in Canada to call home. That's the word from heart specialists who practise here. And they have the facts to back them up.

The likelihood of dying within 30 days after suffering a heart attack is lower in Calgary than any major metropolitan region in Canada, figures compiled by the Canadian Institute for Health Information show. The reason is simple: Calgarians who have a cardiac event have the best chance of getting a life-saving angioplasty within minutes of arriving at a hospital emergency department—24-7.

Heart attacks occur when a coronary artery becomes blocked by a clot in the blood stream, preventing blood flowing to the heart with its life-giving oxygen. If the situation is not corrected within a few hours, the affected part of the heart gradually dies. In an angioplasty, a cardiologist threads a wire through a patient's arteries until it reaches the blockage and then bursts the "dam" by briefly expanding a balloon or permanently opening a stent at the site. A stent is a tube designed to be inserted into a vessel or passageway to keep it open. The stent allows the normal flow of blood and oxygen to the heart.

Dr. Brent Mitchell, head of Calgary's Regional Clinical Department of Cardiac Sciences and director of the Libin Cardiovascular Institute of Alberta, says evidence began emerging 15 years ago about the importance of getting an angioplasty quickly in surviving a heart attack. It was good news for patients, but cardiologists, specialist nurses and technicians had to decide whether they were willing to provide round-the-clock emergency service. "When they are on call they do hard time," Mitchell says. "It is very, very intense."

Elsewhere in Canada some doctors decided to wait for more evidence to come in before making a decision that would further disrupt health professionals' lifestyles.

Calgary, however, moved quickly, setting up an interventional cardiology group that would always be available to a heart attack victim. "To their great credit, they decided very early that the data was solid and they were going to mess up their lives by providing this service in the middle of the night," says Dr. Mitchell.

Administration at the Calgary Health Region was convinced of the evidence and provided the dollars to make round-the-clock service happen. It has paid off handsomely. Not only has Calgary seen the best survival rate for the past three years, it is 22 per cent better than the Canadian average. "Now it is easier to have an angioplasty in Calgary during the first two hours of a myocardial infarction (heart attack) than any other place in Canada," Dr. Mitchell says.

Further, because Calgary doctors are doing a large number of angioplasties, they're more skilled than many of their colleagues elsewhere. Again, the facts back the claim. The likelihood of dying within two days of an angioplasty in Calgary is the lowest in Canada — a full 34 per cent below the national average. Calgary doctors performed 2,075 angioplasties last year and are expected to do eight per cent more this year, says Shawna Syverson, director for the Heart Health Program at Foothills Medical Centre.

Despite striking evidence that suggests there is a direct relationship between the ease of getting an angioplasty and the survival rate, some jurisdictions in Canada still aren't offering the service at night. "And those places have poor mortality rates," Dr. Mitchell says.

In Alberta, the service is only offered in Calgary and Edmonton. As a result, many of the 5,000-a-year heart attack victims in the province do not have access. Hopefully that won't be for long. Dr. Mitchell and his colleagues want to see a system implemented for all of southern Alberta that is as good as the one enjoyed by Calgarians. A plan devised by Calgary cardiologist Dr. Merril Knudtson, known as the Alberta Heart Alert, is coming together. The first step is for paramedics to diagnose that a heart attack is occurring, says Mitchell. They will transmit an ECG (electrocardiogram) report directly from the patient's home to the Foothills. If the cardiologist diagnoses an ongoing heart attack, the patient bypasses the closest local hospital at Red Deer, Turner Valley or elsewhere, and is transported straight to Calgary by STARS air ambulance or ground ambulance, depending on the time involved. The system would mean that all residents in southern Alberta would be able to get to the Foothills Emergency Department within 90 minutes where a cardiologist would meet them.

"If you can get here within 30 minutes, almost all heart attacks can be stopped."

Dr. Mitchell explains why every second counts for heart attack patients. A heart attack is not an

Dr. Brent Mitchell

Dr. Peter Russell and nurse Sharon Tuff perform an angiogram on a patient.

Excellence in health care, teaching and scientific discovery

The Libin Cardiovascular Institute of Alberta is just one of six research centres of excellence being developed under the auspices of the University of Calgary's Faculty of Medicine and the Calgary Health Region.

The centres are designed to maximize the benefits of breakthrough research by flowing new discoveries directly from the laboratory to the bedside of patients and out into community clinics. These centres also emphasize patient-focused teaching and learning as well as the development of networks of care for the Calgary Health Region and Southern Alberta.

The institutes and their directors are:
Bone & Joint, Dr. Cy Frank;
Brain, Dr. Sam Weiss;
Cancer, Dr. Chris Brown;
Libin Cardiovascular Institute of Alberta, Dr. Brent Mitchell;
Child Health, Dr. Jay Cross;
Infection, Immunity & Inflammation, Dr. Paul Kubes

In the months ahead, Apple will examine the role these centres will play in attracting top flight researchers and improving health care.

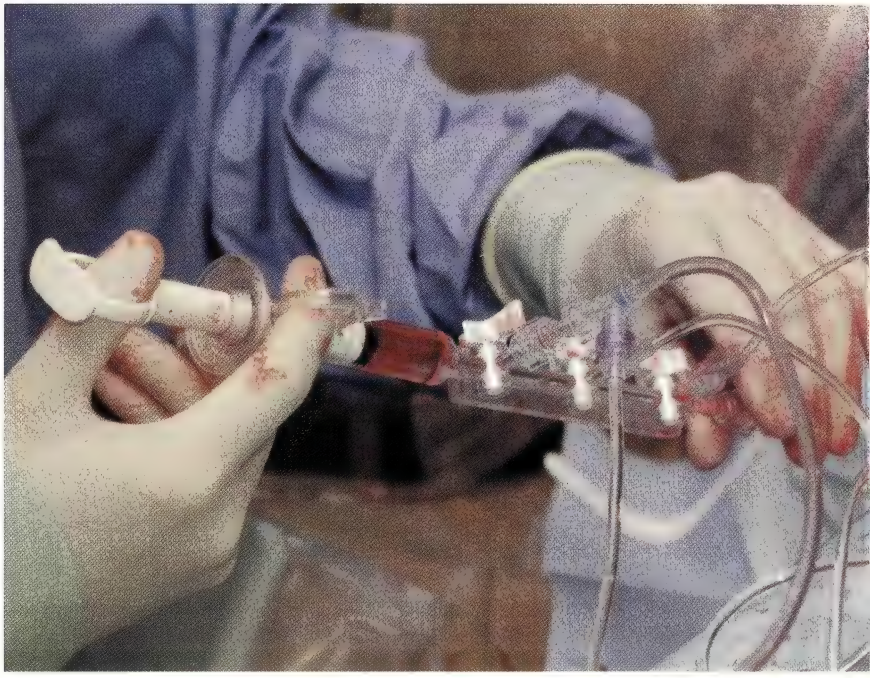
instantaneous event. Following the initial trigger, there is a process that can go on for some time afterwards. The trigger usually occurs when part of a plaque (accumulations of fat in a coronary artery) cracks and exposes its fat to the blood. The blood clots instantly and the artery is

"When they are on call they do hard time. It is very, very intense."

blocked. The area of the heart downstream starts to become sick and dies slowly over many hours. "If you can get that artery open and get the blood restored, then you save cells and they don't die," he says. Before Alberta Heart Alert can happen, changes in the system are necessary, he adds. "It cannot handle the load if we put every heart attack victim in a helicopter."

Over the past 20 years, many lives have also been saved through the use of an earlier medical intervention—clot-busting drugs like tPA. Despite that, angioplasty is superior, doctors have

Dye is injected into a patient's heart in preparation for an angioplasty.



found. "Poking a wire through the clot is more likely to open it up than a drug," Dr. Mitchell says. "The drugs are OK when they work, but they don't work for everybody." At times a combination of both drugs and the surgical intervention is used. A small amount of the thrombolytic drug is given to prepare a clot to be broken up for an angioplasty. This is called "facilitated angioplasty."

Whatever miracles modern medicine can offer to save lives, they only work if people seek help in time. "If you don't come to hospital with your myocardial infarction, there's nothing we can do about it," Dr. Mitchell says. "Still, a large proportion of patients present themselves at the hospital when it's too late to do anything about it. If you can get here within 30 minutes almost all heart attacks can be stopped."

"This group is always at the cutting edge of advances in heart rhythm treatments and has had that focus for 15 to 20 years."

Not all cardiac patients have a heart attack. Some suffer from heart rhythm troubles, such as ventricular arrhythmias. These are abnormal rapid heart rhythms that can also be life threatening. Dr. Mitchell says that a few years ago Maclean's Magazine named Calgary as the best place to be for the treatment of heart rhythm issues. The Cardiac Rhythm Treatment Group in Calgary implants more defibrillators into patients with heart rhythm problems than anywhere else in Canada. Defibrillators are devices that can detect and correct abnormal heart rhythm or restart the heart with an electrical shock. "This group is always at the cutting edge of advances in heart rhythm treatments and has had that focus for 15 to 20 years."

Last year, there were 127 defibrillators implanted in Calgary, at a cost of $22,000 per device, compared with 39 just five years ago. "It is a pretty high growth area," notes Heart Health's Syverson.

Despite the glowing achievements of the city's stellar heart menders, however, there is still a way

What is angioplasty?

Normally the inner walls of the arteries in your body are smooth so that the blood can flow through them easily.

Arteries in the body can, however, be affected by atherosclerosis. Atherosclerosis is commonly called hardening of the arteries. In atherosclerosis, the inner wall of an artery is thickened and made rough by fatty deposits or plaques.

The passageway is narrowed or blocked (like rust build up in a pipe) and blood flow beyond the narrowing is decreased. For example:

- Pain in the calf muscles in the legs when walking can be a symptom of poor circulation to the leg muscles due to narrowing or blockage of the arteries to the legs. The medical term for this type of pain is claudication.
- Pain or discomfort in the chest, arm, jaw or upper back can be a symptom of poor circulation to the heart muscle due to narrowing or blockage of the coronary arteries. The medical term for this type of pain is angina.

Angioplasty is one of the methods that can be used to treat the poor circulation that results from atherosclerosis.

Angioplasty is a procedure that helps to open up narrow or blocked arteries by expanding or stretching the narrowed artery.

Stents

A newer method of angioplasty uses a stent to open up narrowed arteries. A stent is an expandable mesh tube, made of a high quality stainless steel.

How do stents work?

- The stent is placed over the same type of balloon used for angioplasty.

- When the balloon is inflated, the stent expands and is pressed into the artery wall. The balloon is then deflated and removed while the stent remains permanently in place, keeping the artery wide open.

- Within a short time, the inner lining of the artery grows back to cover the stent.

to go. The Mazankowski report, which calls for reform to Alberta's health-care system, points out that cardiovascular disease remains among the four top causes of chronic illness and death in Alberta along with cancer, chronic lung disease and diabetes. While SARS and West Nile virus may grab the headlines, they don't compare with old-fashioned heart diseases as a killer. In fact, heart disease is still the second biggest killer in the province and its death toll is expected to double by 2025 as the population grows and ages. According to Alberta Health and Wellness, 175 deaths per 100,000 people were attributable to heart disease in the year 2000.

"All of health care that is related to heart disease will be put under extreme stress in the next 20 years."

That was only slightly behind the 182 cancer deaths. A further 49 deaths per 100,000 for stroke takes all cardiovascular diseases well into top place. And while the number of heart surgeries performed each year is increasing, it is not keeping up with demand. Alberta Health's latest annual report shows the number of open heart surgeries in Alberta rose from 2,265 in 1999/2000 to 2,445 in 2001/2002 while the wait lists grew from 395 to 577, an increase of 46 per cent. "While very urgent cases continue to receive surgery within hours, waiting times for less urgent outpatients are longer than the target times of two to six weeks," the annual report says.

At the end of last year, wait lists in the Calgary Health Region were considerably shorter, at 177, than in the Capital Health Region, at 402. Waits for urgent inpatients are also much shorter in Calgary, meeting the provincially recommended maximum time of one week compared with almost twice as long in Edmonton. The picture is not quite as rosy with urgent outpatients, however. These less acute patients are waiting for more than 18 weeks in Calgary, nine times the recommended wait of two weeks, while Edmonton's wait is 23 weeks.

A new hospital in Calgary's south as well as expansions to Rockyview General Hospital and the Peter Lougheed Centre will take some of the pressure off. But even with a controlled expansion, things will get much tougher in Calgary over the next 20 years as the bulge of baby boomers moves into the age bracket for heart attacks and strokes. "It is going to get awful," says Dr. Mitchell. "The baby boomer bulge is just about to enter the stage of atherosclerosis — and we have not done a good job at preventing atherosclerosis in the baby boomer population."

Another dimension health planners face is that baby boomers have grown up with high expectations about service and won't be willing to put up with the service provided to previous generations. "All of health care that is related to heart disease will be put under extreme stress in the next 20 years," Dr. Mitchell adds. "In the next 10 years we will have troubles for sure."

Syverson notes that the Calgary Health Region spends about $60 million a year on heart services but it is still not enough and the program is about $1 million over budget this year. New technology is part of the fiscal challenge. Stents cost as much as $600 each. A new stent that gives off a drug reducing the risk of recurrent narrowing of the artery costs almost six times as much and there is no designated money for that. An equally tough challenge is talent. Calgary, like many other Canadian cities, is suffering from an acute shortage of highly-trained specialist nurses and cardiac technicians. "It's a constant struggle to keep our intensive care units staffed," Dr. Mitchell says.

That said, in true pioneer spirit, Calgarians have not left heart care entirely up to government. Earlier this year, prominent Calgarians Al and Mona Libin donated $15 million to create a world-class centre of excellence for heart health research, education and patient care. The Libin Cardiovascular Institute of Alberta will serve southern Alberta, providing programs to prevent and detect early onset of heart disease, leading edge treatments and comprehensive rehabilitation and palliation services.

Ken Stevenson, a local businessman, is also helping to raise $4 million to buy a cardiac MRI (magnetic resonance imaging) machine that will allow physicians to retrieve images of the heart in just 10 seconds.

The creation of the Calgary Cardiovascular Network (CCN) has also brought the community together to control heart disease and stroke. The network includes members from nursing, nutrition, the psychological and fitness professions, community and volunteer agencies, commodity groups, retailers and education professionals.

"There are many factors that contribute to heart disease," says Dr. Richard Musto, executive medical director responsible for health promotion and wellness, Calgary Health Region. "Having a family history of heart attacks or high blood pressure are just two of the factors that increase your risk for developing cardiovascular disease or having a stroke." Age, diet and exercise are other important factors, he adds.

The CCN encourages individuals to become role models through healthy living. "Integrate physical activities into meetings at work or in volunteer or community associations where you and your children meet," suggests Dr. Charlotte Jones, director of the Hypertension and Cholesterol Centre and co-chair of the CCN. "By becoming an advocate, you can help make changes and contribute to the well-being of your entire community."

Rob Walker, owner of The Yoga Studio South, writes about health issues.

www.crha-health.ab.ca/hlthcon n/items/heart-at.htm

Heart Disease - Fast Facts

- The probability of dying within 30 days of having a heart attack is lower in Calgary than anywhere else in Canada.
- The likelihood of death in Calgary within 48 hours after angioplasty is the lowest in Canada.
- Eight out of 10 Canadians have at least one risk factor for heart disease.
- The cost of treating heart disease in Canada is more than $18.5 billion a year.
- In Calgary, the cost of treating heart disease is $60 million a year.
- In Alberta, 175 deaths per 100,000 people were attributable to heart disease in the year 2000.
- The number of open-heart surgeries done in Alberta rose from 2,265 in 1999/2000 to 2,445 in 2001/2002, but waiting lists have grown from 395 to 577, an increase of about 50 per cent.
- Calgary does about 1,200 heart surgeries a year.

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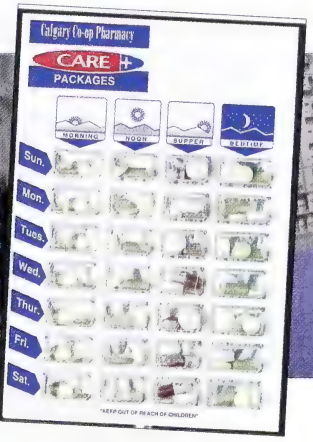

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Road to recovery

Columnist Catherine Ford discovered that recovering from a heart attack does not necessarily mean picking up where you left off

BY CATHERINE FORD

What happened after Cinderella and the prince got married?

That question is usually answered with five words: "They lived happily ever after." The same kind of blindness to reality surrounds health care and recovery.

Presumably, after one has been treated and processed and sent home from hospital and aftercare, one lives happily ever after. Not so fast, Cinderella. That's not necessarily the case. Read no further if you believe the story ends when the glass slipper fits. This is about recovery from a heart attack — the easiest way of explaining what happened to me is in those words — and how it's not necessarily what one expects.

I expected today to be the same person I was two years ago. I am not. I expected today to be able to do the same activities I could two years ago. I cannot.

Nitroglycerine spray is my constant companion, regardless of time or place. So, too, is fear. Pain has a way of focussing the mind. It also has the capacity to scare the pants off you. I never know, even now, when that band of pressure will tighten across my chest, when my jaw and wrists will start to ache and my breathing become shortened. But my illness has given me an entirely new outlook on life.

I'm not a better person, just a different person. I'm less willing to suffer fools gladly, although I wasn't exactly a pushover before. I'm also more questioning when it comes to health care, less patient with quacks and bogus promises and theories that insist nobody needs medicine or doctors — just a happy disposition and a healthy lifestyle.

Modern medicine and a health-care system that, while not exactly seamless, actually works, keeps me as healthy as possible. The rest is up to me, and if I want to burn incense and drink herbs and roots, that's my choice. None of that replaces the miracle of modern medicine, regardless of what naturopaths promote.

Before, I barely noticed the stories about women and heart disease. Now, I see every one. I'm astonished to discover I was that ignorant, that I didn't know women's symptoms are different from men's. I was even more astounded to discover the myth of women reporting every minor ache and pain to their doctors and flabbergasted that heart disease and stroke are the prime killers of older Canadian women.

Like most women, I would have presumed cancer, and especially breast cancer, held that honour. I'm also profoundly irritated to learn, according to the New York Times, that while doctors are more aware of cardiac symptoms in women, "women account for only one-quarter of those studied in heart-related research."

Writes heart patient Barbara Cain: "Even today women with heart disease receive one-third as many bypass operations, angioplasties, stents and implantable defibrillators as their male counterparts." Only some of that discrepancy can be attributable to the difference in the health-care systems between the United States and Canada. Canadian statistics aren't that different. In Canada, according to the Ontario Ministry of Health, women are less likely to survive a heart attack than men. I learned the truth. I also learned how important it is to ensure you have an advocate at your side — talking, questioning and watching. This is especially good advice for women who are socialized to take care of everyone else, but too often fail to heed their own advice and find someone to take care of them.

I expected today to be the same person I was two years ago. I am not. I expected today to be able to do the same activities I could two years ago. I cannot.

I'd never go into a hospital or any treatment program without someone with me — an advocate whose only interest is my health. In my case, that's my husband Ted. While I laugh that had I known years ago what was in my future, I'd have fallen in love with a cardiologist instead of a gynecologist, he is at least plugged into the medical system. He can talk to doctors and nurses and translate for me their sometimes confusing words.

But you don't need a doctor as an advocate, just someone who loves you and is willing to fight for your treatment. Think of the crazed mother in Terms of Endearment. She wasn't liked by the hospital staff, but by God, she got things done.

My experience taught me that cajoling and pleasantness are greater motivators than anger and frustration, but whatever works in your case, works. An advocate can ask the questions you don't think of because you're the patient.

Recovery taught me that everything, in moderation, is the key to health. It also taught me to be grateful to feel as good as I do, which at times isn't so hot. That's the worst lesson to learn — that all the fancy medicine and treatment in the world is no guarantee you'll be peachy-keen at the end. As long as you know what to expect — there's where full disclosure and a wealth of information from books and the Internet and medical professionals comes in handy — you can handle the disappointment.

But nobody wants to listen to whiners, and nobody wants to hear recitations of ongoing health problems. In our world of fairy tales and happy endings, one has only two choices: Recover completely or die bravely. (In movies, dying is always a brave act. I've told my husband should I go before him that if my obituary mentions a single line about "a courageous battle," that I will personally come back and haunt him. I'm going kicking and screaming.)

Some people might think battling chronic disease is a brave act. In reality, it's tiring, annoying, irritating, frustrating and a major piss-off. And I'm one of the lucky ones — I'm not even that sick. (The previously mentioned husband and, I believe, both my family physician and cardiologist think I'm still in denial. Whatever. This is my story about my health and I get to choose how I feel.)

It has been two years since I collapsed in my office at the Calgary Herald one bright late fall morning. I had been planning nothing more strenuous that day than getting on a plane to Vancouver to do a television show and, first perhaps, rooting around in my desk for some Pepcid AC for the persistent indigestion that had plagued my nights for a couple of weeks and was now invading my daytime hours. Waking up at 3 a.m. with chest pain and hot flushes is not how anyone wants to spend a night. Being so hot one sits in the bathroom with her face on the cool white tile should have been indication enough that something was wrong. But heck, I'm female and I figured it was some bizarre lingering effect of menopause.

As for the chest pains—simple indigestion. As should have been obvious to anyone with a brain—even someone given to instant denial about illness like me—that wasn't indigestion, it was a heart attack. Not, I am quick to point out, a traditional one, like the heart attack that killed my father three months before his 57th birthday. Or the one that put my grandfather in the hospital for long weeks at about the same age.

This was something even my husband had never heard of — Prinzmetal's Angina, known in medical circles as unstable variant angina or vaso-spasticangina. Its peculiar behaviour is that it hits often at rest (like 3 a.m.) in extreme cold or extreme heat, in moments of stress, blah, blah. Let's just say it has no discernable trigger and it took three angiograms; one angioplasty to put two stainless steel stents in another artery just in case; two bouts in hospital; four cardiac stress tests including one with radioactive dye; much bad humour and cursing on my part,

and angel-patience treatment from medical personnel to send me home with this particular diagnosis.

I went home to face a lifetime of expensive medications (bless company drug plans) and learn how to deal with chronic illness. Mostly, though, I had to learn how to deal with myself. I don't do change with much graciousness. I'm still annoyed, if not at times, downright angry. Not for me those perky "recovery" stories, how life is so much better now that I've learned about nutrition and exercise and a healthy lifestyle.

Ever notice that strange phenomenon? That guys who have survived heart attacks are upbeat and perky, willing to give long recitations of how much better life is when you've gone towards the light and been dragged back by fate, medical technology, or plain dumb luck — take your pick. The stories focus on gratitude and gratefulness; on how healthy they are now, and how it took such a scare to set them on the right path. This is only partly a story about gratitude and gratefulness. But I'd be lying if I told you that everything's hunky-dory. Firstly, I'm alive because I didn't have the kind of heart attack that killed my father. I'm far healthier than I was "before," because I'm conscious of nutrition and exercise and while I'm not exactly faithful to the treadmill in the basement office, I'm at least committed to the philosophy of better health through better living. I've discovered that life is now a series of choices: I can't walk uphill any significant distance in the extreme heat or cold, or at altitude – which means in Calgary, I don't do hills in the summertime or the wintertime. (Curiously, I didn't even realize I lived on a hill—the incline is that gradual—until I went outside shortly after getting home to resume walking. I bought a treadmill instead.) I tire way too easily and any significant angina attack will flatten me with exhaustion.

But remembering all-too-vividly those first terrifying moments of severe chest and radiating jaw pain, cold sweats, nausea, shortness of breath and just about every other marker devised to warn someone she's having a heart attack, nothing I put up with now is too much. I see every sunrise and live every day.

And if that's a Cinderella story, so be it. After the final day of a cardiac rehabilitation program, a private operation under contract to the Calgary Health Region, one of the participants told me to be sure to take three H's with me — health, happiness and humour. I will, I replied. I'd add a fourth: hope.

Catherine Ford is a columnist for the Calgary Herald.

WOMEN AND HEART DISEASE

When it comes to heart disease, what you don't know could kill you, especially if you are a woman. But understanding the risks and knowing the symptoms of a heart attack could make the difference between life and death. Do you know enough to save your life or that of a loved one? Take our Women's Heart Health Quiz and find out.

Questions:

1. Heart disease is the leading cause of death in North American women.
True or False?

2. Women usually experience angina or heart attack 10 years later than men.
True or False?

3. Risk factors for heart disease in women are the same as men, although high blood pressure, diabetes and lack of exercise are often more common in women.
True or False?

4. Women with diabetes often develop heart disease earlier than women without diabetes.
True or False?

5. In the time leading up to a heart attack in women unusual tiredness, difficulty sleeping and shortness of breath may occur for no apparent reason.
True or False?

6. At the time of a heart attack shortness of breath, weakness and fatigue may be more prominent than chest pain.
True or False?

7. Chest pain in women can be typical (crushing, pressure chest pain on exertion associated with sweating, and pain radiating to the left neck and arm) or atypical (different from above).
True or False?

8. Chest pain in young women in the absence of risk factors (high blood pressure, diabetes, inactivity, older age) is common but unlikely to be due to heart disease.
True or False?

9. Heart disease is more difficult to diagnose in women than men.
True or False?

10. Prognosis for women if they do have a heart attack is not as favourable as that for men.
True or False?

11. It is important for patients and providers to recognize how heart disease presents in women to ensure accurate diagnosis and treatment.
True or False?

Answers:

1 ▪ True: Heart disease is the leading cause of death in both men and women.

2 ▪ True: Women tend to be about 10 years older than men when they have a heart attack.

3 ▪ True: Women with heart disease are more likely to have other conditions such as high blood pressure, diabetes and inactivity.

4 ▪ True: In fact, diabetes increases the risk of a heart attack even more in women than it does in men.

5 ▪ True: Studies show that many women experience unusual fatigue, sleeplessness and shortness of breath prior to suffering a heart attack.

6 ▪ True: Women are more likely than men to experience nausea, fatigue or shortness of breath rather than chest pain.

7 ▪ True: Women can exhibit both typical and atypical symptoms. Atypical symptoms include nausea/vomiting, and back or jaw pain.

8 ▪ True: Women are more likely than men to have chest pain at rest, sleep and with mental stress, which in the absence of other risks, is unlikely due to a heart attack.

9 ▪ True: While heart attacks are relatively easy to identify in men (strong pain in the chest and left arm), in women, the symptoms can be more vague and may appear then disappear. As a result, it is often more difficult to diagnose a heart attack in a woman.

10 ▪ True: Women with heart attacks often have worse outcomes than men.

11 ▪ True: Women should think of heart disease as a cause of chest pain. Physicians should suspect heart disease in women with risk factors who experience shortness of breath, weakness and fatigue with variable amounts of chest pain.

Information supplied by Dr. Wendy Tink, Regional Clinical Department Head, Department of Family Medicine, Calgary Health Region.

Heart disease is largely preventable. To reduce your risks, whether you are a man or a woman you should exercise to maintain healthy body weight, cholesterol and blood sugar levels, quit smoking, treat any high blood pressure and reduce or manage stress.

Talk to your doctor about how to reduce your risk of heart disease. An important message from Bayer

Battle of the bulge

Canada's growing childhood obesity problem will mean soaring caseloads of heart disease, diabetes and cancer down the road, officials say.

BY CAREY MILLAR

It's a problem that is growing almost as fast as our children's waistlines. An alarming number of Canadian children – almost 30 per cent – are now considered overweight. Even more disturbing, the rates of childhood obesity have more than tripled in boys and doubled in girls since the 1980s.

"The rates of childhood obesity have increased dramatically in Canada over the last 15 years," says Mary Flynn, a nutritionist with the Calgary Health Region. "We are talking about one in every third child coming through the door you can expect their weight to be ahead of height."

The problem is so significant that many experts have declared childhood obesity an epidemic and are warning of dire consequences in the next 20 years if steps aren't taken now to halt the trend. The rate of childhood obesity rose from two per cent in 1981 to 10 per cent in 1996 to 15 per cent in 1999. Some recent U.S. studies show that 25 per cent of children are now considered obese in that country and Canada may not be far behind.

"To be honest, if the trend continues, it threatens to overwhelm the whole universal health-care system here in Canada," says Flynn. "We know that when obesity occurs at younger ages it carries far more negative effects on health like cardiovascular disease, cancer and Type 2 diabetes."

Not only does excess body fat lead to increased health risks, those risks will occur much sooner in life. Says Calgary paediatrician Dr. Peter Nieman: "I'm talking now about the 20-year-old with high blood pressure, the 30-year-old with very high cholesterol and the 40-year-old that gets a stroke or heart attack and there is no denying those diseases have their roots in childhood."

Until recently, Type 2 diabetes was largely considered an adult disease; it wasn't common in people under 40. Unfortunately, that's changing. As a result of a more sedentary lifestyle and increased body weight, a growing number of teenagers are now developing the disease. Allison Van Heurn is one of them. The 14-year -old was diagnosed with Type 2 diabetes just over a year ago. She used to eat anything she wanted, whenever she wanted. She also led a sedentary lifestyle, spending much of her spare time in front of the television or playing on her computer. "I just didn't think about doing anything like riding my bike or going for a walk," she says.

"To be honest, if the trend continues, it threatens to overwhelm the whole universal health care system here in Canada."

Van Heurn's diagnosis changed all that. She was told she must alter her lifestyle to keep her condition under control. Van Heurn modified the way she ate and incorporated daily physical activity into her life. Now, she enjoys taking part in activities she would not have considered doing before her diagnosis. "I used to love watching television and movies," she says. "Now, I walk to and from school every day and I do cross-training for half an hour each night."

Van Heurn, the only member of her family with diabetes, says she no longer wants the foods she used to eat. Because of her lifestyle changes, she has also lost more than 40 pounds and no longer has to give herself insulin injections.

But while Van Heurn has managed to take control of her situation, that's not always the case, says Dr. Nieman. "I see these kids. I have my files here and it is incredibly stunning how these children are in trouble. I've been in practice since 1987 and during that time I've seen more and more kids with diabetes that I have to refer to the diabetes clinic because they are overweight."

Flynn says the emotional and psychological impact also can't be overlooked.

"Overweight children often have very low self-esteem as a result of teasing and the stigma associated with being overweight. And when they have no self-esteem they are clever enough to cope, so they don't put themselves forward for sports. In fact they are the children probably using the vend-

ing machines supporting the sports teams and paying for it in terms of their own health."

While it is true that genetics play a role in predisposing some children to weight gain, by far the biggest culprits are lifestyle related. Children are eating more foods that are high in calories and low in nutrients, such as potato chips, candy and soft drinks. In fact, many of the foods specifically marketed to children are loaded with sugar, salt and fat. But it's not just the kind of food that is causing kids to pack on pounds, it is also the amount they are eating. Over the past 20 years, the average portion sizes have increased, dramatically in some cases.

"The portion sizes are absolutely ridiculous for children," says Flynn. "If we look at the size of a coke in the 1950s, (a family size was 26 ounces) compared to today (a single size is 20 ounces) we see a significant increase." The evolution toward super-sizing comes with a hefty price tag. "We're generally brought up to believe that value for money, but that has to change," says Flynn. "We have to start valuing health and realize that as a result of these bigger portion sizes we are going to pay a huge price later in terms of health costs and so are our children."

At the same time that portion sizes have increased, physical activity levels have dropped off. The amount of time the average child spent on the couch watching television in 1965 was two hours compared with five hours today. And the active games kids used to play outdoors have been replaced with those indoors, sitting in front of a computer or a television.

"The Internet has revolutionized the way we live and work," says Flynn. "As a result, we're becoming much more sedentary and that's filtered down into the schools in particular. Getting children ready for the technological age has meant cutting down on phys-ed time."

As part of its strategy to counter rising childhood obesity rates, the Alberta government has mandated daily physical education classes of up to 30 minutes for all grades within the next two years. "This will have a huge impact," says Heidi Reisch, active living specialist with the Calgary Health Region. "I think a lot of kids who go to school bring home the things they've learned. So, if they've learned that moving around makes them feel good, makes them feel better, doesn't make them as tired and makes them feel happy, then they'll be more apt to be active at home."

While health-care experts can easily identify the causes of childhood obesity, stemming the tide is proving to be much more difficult. Initiatives are underway. In the fall of 2000, the Calgary Community Prevention of Obesity in Children steering committee was formed. Since its inception, the committee, made up of community agencies, The City of Calgary and the Calgary Health Region, has been working on several strategies to address the issue.

A community-led program is focused on creating an environment to support healthy eating and active living. Agencies are working together to provide the opportunities and common messages that support the work. "This program is very exciting because it is supporting community leadership," says Bretta Maloff, co-chair of the Community Prevention of Obesity steering committee. "People in Calgary are becoming aware of the seriousness of childhood obesity and are starting to participate in prevention initiatives, which is very encouraging."

As part of a separate initiative, launched by the Calgary Health Region in 2002, public health nurses are recording the weight and height of children when they attend clinics for their pre-school vaccination at the age of 4 1/2. The information gathered is being used to get a clearer picture of the problem in Calgary. It will also be shared with parents. "For instance, if we have a 4 1/2-year-old child whose weight is ahead of height, our aim should be what the child will be when they are 18 to 20 years old. And there will be lots of peaks and valleys in between," says Flynn.

Some children will experience weight spurts prior to height spurts, resulting in becoming overweight, says Flynn. Others simply gain more weight than is needed for their height. In either case, Flynn suggests parents understand that the goal is to balance the two. "Children are growing very rapidly and their growth can very easily be permanently affected if you put a child on a very strict diet or exercise program without medical supervision," she cautions.

While many experts agree it is easier to prevent obesity than treat it, Dr. Nieman believes there is hope that the growing trend can be slowed and perhaps, one day, even reversed. "The neat thing is to get a child and parent coming into your office every two weeks or once a month for followup and you can see how things are slowly starting to turn around," he explains. "You see how that child has a smile on his face, how he is excited and has more energy and is proud of himself. It's an accomplishment. I feel like a coach on the sideline and my runner is crossing the finish line. I cannot run the race for them, they've got to do it themselves—my job is to coach them, to help them. And boy, victory is sweet when they cross the finish line."

(With files from Janet Mezzarobba)

Carey Millar is a correspondent for calgaryhealthregion.ca. Janet Mezzarobba is a communications advisor for the Calgary Health Region.

Childhood obesity resources for parents

Programs and services:

Fun Gym: Innovation and programs are provided on behaviour change, nutrition, and physical education for children and families through the University of Calgary.
Contact: 220-4374,
www.[illegible]

SNACTIVITY: Free healthy eating and active living class for parents/caregivers of preschool children. These classes are a partnership between the Calgary Health Region and the Boys and Girls Club Community Services, which also offers a wide range of programs for children and youth. To register, contact: 276-9981, www.calgaryboysandgirls.ab.ca

Be Fit For Life Centre: Offers physical activity and nutrition programs in schools, communities, and the workplace through the University of Calgary.
Contact: 220-8611, www.kin.ucalgary.ca/bffl

The City of Calgary Recreation: The city offers a wide variety of recreation and leisure programs. Contact: 268-3888, www.calgary.ca/recreation

Grace Women's Health Resources Nutrition Workshops: Helping your child eat and grow. Contact: 944-2260, www.gracewomenshealth.com

Calgary Health Region: www.crha-health.ab.ca/hlthconn/topics/active.htm

Health Canada Body Mass Index: http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/bmi_chart_java_e.html

Dietitians of Canada: www.dietitians.ca/eatwell

Health Canada's Nutrition website: www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/index_e.html

Canadian Health Network: www.canadian-health-network.ca see children, search FAQ about children

Canada's Physical Activity Guide: www.hc-sc.gc.ca/hppb/paguide/

How to eat your way to health and happiness

Making the right diet choices can help you stay trim, sharpen your mind, energize your body and help prevent serious illnesses, experts say

BY MARK REID

When it comes to healthy eating, Grandma was right, at least about the chicken soup. And all that talk about apples keeping doctors away? It's true.

That food for thought comes from Cynthia Mannion, a University of Calgary nursing professor. If anyone knows about nutrition, it's Mannion. As a researcher studying the health impacts of food, she needs to stay abreast of the trends in thinking about nutrition. For the rest of us, however, knowing what to eat, how much and why can be a dizzying challenge.

Every day, scientists are gaining new insights into the world of nutrition. Recent research has given us a much more precise guide as to what we need to stay healthy and happy. We're even finding which foods spice up our lagging libidos.

Grandma, for instance, was right about the broth—but she likely didn't know it was a sulphur compound that gives chicken soup its cold-calming qualities. And who knew blueberries, the modest little fruit that's a favourite in pies and pancakes, would turn out to be a powerhouse cancer fighter. Blueberries are packed with an abundance of antioxidants—superchemicals that fight free radicals that are believed to cause bushels of cancers and other illnesses.

Eating today isn't just about nutrition, energy or even physical appearance—it's also about preventing serious illnesses by choosing better foods. Trans-fats, nutraceuticals, low-carb diets—every day, it seems we're bombarded with a new nutritional study or trend. In this age of fast foods and even faster-paced lives, separating food fact from fiction is becoming increasingly difficult.

"There is a lot of information out there," Mannion admits. "So how do you know you're getting the right information? The truth is, there are no bad foods, just poor food choices. Food choice and portion size are keys to good nutrition. That's why you can eat chocolates—at least a few of them."

Food is the symphony that accompanies our greatest loves and losses. In all cultures, meals are used to welcome guests, cement relationships and mourn loved ones.

"We don't eat out of social context," Mannion says. "We eat as families, to celebrate life and death. We invite people to our homes for dinner. Food really is the beginning of all civilization."

Increasingly, though, food is being used as a weapon to stave off or defeat a host of life-threatening diseases. Fish, for instance, has long been

thought of as brain food. Recently, scientists discovered that the old wives' tale is true—the omega-3 fatty acids in salmon and other fish have been shown to help fend off Alzheimer's disease and reduce the likelihood of heart attacks.

"We now know there are many health benefits —and detriments— associated with the types of food people choose to eat," says Annie Lee, a Calgary Health Region dietitian who dispenses nutritional tips via the Calgary Health Region's Nutrition Help Line (943-5465). "There's a lot more information and a lot more research being done on food."

So, we truly are what we eat. The question is, Are you an apple, or apple crisp with ice cream?

The answer, fortunately, is that we can be both—and eat both—as long we exercise moderation and common sense. Unfortunately, "common sense isn't that common" when it comes to making wise food choices, says Meg McDonagh, a U of C nursing professor researching the nutritional and health beliefs of rural westerners. Simply put, we as a society are fatter than ever.

A recent Statistics Canada study, for instance, revealed one in 10 Canadian children today is overweight or obese – a number that has nearly tripled since the mid-1980s. Meanwhile, a Canadian Heart and Stroke Foundation report recently revealed six in 10 adults are packing on significantly more pounds than necessary. For every healthy food option out there, there seem to be a dozen unhealthy ones, and when a craving hits, it takes a lot of willpower for most of us to choose carrot sticks over potato chips. "We're creatures of habit," says Lee, the Calgary Health Region dietitian. "We get into bad food habits and it's hard to develop healthier, beneficial habits."

Then there's the trouble with time. Most of us don't have enough of it. After a tough morning of repairing rotors and re-tooling transmissions, Stefan Noichl's body demands refueling. However, judging from the food sitting before him, the Calgary mechanic is filling up on low-test rather than high-test fuel. "Some days you just want something greasy," the burly, brown-haired mechanic says with a shrug, chomping down on a cheese-slathered slab of pizza at a Calgary mall food court. Taking a swig of cola, Noichl says he rarely has time to prepare a home-cooked meal. "When I work overtime, that's the time I might have spent on making something healthy to eat," he says. "Instead, I just grab (some fast food) on the way home, and then veg in front of the TV."

"After working all day, most people just want to relax," Lee admits. "People aren't taking enough time for themselves, to stop and prepare what they're going to eat for the next day, let alone for the next week."

Noichl's not alone. According to the Canadian Foundation for Dietetic Research:

- Unmarried men spent only 18 minutes in the kitchen in an average day, contrasted with 72 minutes per day for women with children;
- More than half of all women, and more than a third of men, find cooking at home to be a "stressful" experience;
- At least 33 per cent of us skip dinner completely at least two times per week, up from 22 per cent in 1987;
- And at least once per week, more than 40 per cent of working Canadians eat in their car, and more than 74 per cent eat in a hurry, due to their hectic lifestyles.

All this rushing around has its consequences. Skipping meals and slamming back fast food may seem like the short-term answer for our culinary needs, but in the long run, it's a recipe for health disaster.

The Canadian Heart and Stroke Foundation recently released a study showing eight in 10 Canadians have at least one risk factor for cardiovascular disease. At least 11 per cent have three risk factors or more. The key culprits in heart disease? Obesity and high-blood pressure – both of which are affected by what we eat.

Sadly, some of our favourite foods, including French fries, cakes, cookies, salt and sausage, are among the worst offenders when it comes to clogging arteries and causing cancers, diabetes and other diseases. Poor food choices can even affect our feelings. Just ask mechanic Darryl Olsen, a co-worker of Noichl's. "Usually you notice it in your mood – how you feel," he says, digging into a cold-cut sub sandwich. "When you eat something bad, you have less energy. That's bad for me, because you need lots of energy in my trade."

The irony is, at a time of unprecedented obesity, we also have unprecedented choice in terms of the good food options available at our local grocery store. Saunter through a supermarket today and you'll find everything from apples to zucchinis – a cornucopia of fruits and vegetables, meats and breads. "The variety and choices of foods are incredible," Mannion says.

Despite this, for many of us, sticking to a healthy diet is a daily struggle. The marketing and selling of junk food is now a multi-billion dollar industry. Fast-food advertising, which is often aimed at children, is omnipresent in our lives. And while some fast-food retailers are now offering healthier alternatives, the trend of super-sizing meals for a few extra cents is leading to larger portion sizes – and larger waistlines. "We are susceptible to marketing," Mannion says. "Fast foods and junk foods market very well – and the strategies work." The

Super cancer fighters

1. Blueberries. Pound for pound, this tiny blue fruit is the richest in antioxidants, superchemicals that hunt down and combat free radicals that are believed to cause a host of cancers.

2. Tomatoes. Loaded with vitamin C, tomatoes are excellent sources of lycopene. This flavenoid, which gives it its red colour, is thought to prevent cancers of the lung, prostate and mouth.

3. Beans. Beans contain protease inhibitors, compounds that make it more difficult for cancers to invade tissues. As well, some beans contain herein, which block carcinogens in the digestive tract, and isoflavenes, which are believed to cut the risk of developing breast cancer.

4. Whole wheat. Some studies have shown women who eat significant amounts of whole-wheat products, including bread, pasta and cereals, show reduced rates of breast cancer.

5. Garlic. Sulphur compounds in this smelly cousin of the onion have been shown to combat carcinogens and slow the growth of tumours.

Halting heart disease

1. Avocados. A delight in dips, avocados are an excellent source of monounsaturated fat, a type of fat that raises levels of HDL (so-called good cholesterol) while lowering levels of LDL (bad cholesterol)

2. Spinach. Popeye knows his stuff when it comes to eating. This leafy plant is full of lutein, a pigment believed to help prevent the clogging of arteries

3. Apples. Eating apples, or drinking apple juice (maximum, one cup a day), has been shown to reduce the risk of heart attack by half due to the ample presence of certain phytochemicals, non-nutrient plant chemicals that contain protective, disease-preventing compounds.

4. Oats. Beta-glucans, found in oats, have been shown to reduce blood cholesterol levels. Eating oats regularly can reduce the risk of heart disease by 20 per cent.

5. Olive oil. This cooking oil is rife with monounsaturated fat, which lowers bad cholesterol. It also contains plant phenols, a form of antioxidant.

trick, Mannion says, is to beat the fast-food pushers at their own game. If you are strapped for time, skip the drive-through and head instead to the frozen food aisle. Most supermarkets carry an amazing array of heat-and-serve meals – everything from exotic pastas to pad Thai. Gone are the days of bland and boring TV dinners.

Even a sprinkling of frozen veggies can transform an otherwise nutrient-free meal into a healthy, hearty dish. Steamed broccoli and cauliflower are chock full of vitamins and nutrients, including a chemical called infole-3-carbinol that combats breast cancer. Carrots, eaten raw or steamed, are not only good for your eyes – they're also major fighters of throat, stomach and intestinal cancers, thanks to an abundance of beta-carotene. "When it's crunch time, I'll have some pasta with tomato sauce and frozen vegetables," Lee says. "I just love frozen mixed vegetables. I throw them on everything."

Are we beset by taste-bud temptations? Yes. Does this mean we have to surrender to every snack attack? No. For most of us, there is no need to be adding notches to our already strained belts. Chocolates, cakes, cookies and deep-fried foods aren't inherently evil. We simply need to take a former American president's advice and learn to "just say no" – at least to seconds and thirds. Lee says all Calgarians should feel free to use the Calgary Health Region's Nutrition Help Line. It can be an invaluable resource for eating advice – and you don't have to wait until illness strikes to call. "It all comes back to prevention," she says.

While there is no silver bullet to ensuring a long and healthy life, following a few common-sense tips can give you a better chance of avoiding disease and illness:

- Eat a hearty breakfast and make your last meal of the day the lightest. "It's one of the most important things you can do," Lee says.

- Eat plenty of fruits and vegetables. A good rule of thumb? The darker the fruit or veggie, the better it is for you. So when it comes to carrots, peas, or papayas . . . dig in.

- Fibre is your friend. It keeps you regular and has been shown to reduce the likelihood of developing several forms of cancer.

- Forget the latest food or dieting fad. When in doubt, follow Canada's Food Guide to Healthy Eating. It ain't sexy, but it works.

Speaking of sex, the pushing of food-based aphrodisiacs has become a multi-million-dollar industry. Oysters, pomegranates, peaches… the list of foods that supposedly spark sexual appetites is endless. If you truly want to raise the heat in the kitchen, though, Mannion suggests starting with a "romantic candlelight dinner."

Remember, food is not only meant to sustain us, it's to be enjoyed as well. So feel free to sneak a couple of chocolates. Just don't eat the whole box. And lose the guilt over gluttony – even dietitians get hit by the occasional craving for pure, unadulterated junk food. "Secretly," Lee says with a wink, "I love cheesies. When I'm at my mom's house, I'll buy little packs and hide them in the house. That way, when I'm there, I'll always have a little bag of cheesies on hand."

Mark Reid is editor of On Campus Weekly at the University of Calgary.

Calgary Health Region:

www.calgaryhealthregion.ca/hlthconn/topics/nutr.htm

Health Canada Body Mass Index:

www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/bmi_chart_java_e.html

Dietitians of Canada:
www.dietitians.ca/eatwell

Health Canada's Nutrition website:
www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/index_e.html

Canadian Health Network:
www.canadian-health-network.ca see children, search FAQ about children

Canada's Physical Activity Guide:
www.hc-sc.gc.ca/hppb/paguide/

Spice up your love life

The jury is out on the secret to a sizzling love life. However, some foods are touted as passion inducers.

1. Oysters. This shellfish is loaded with zinc, which is involved in making the hormone testosterone.

2. Asparagus. The word sexy doesn't exactly leap to mind when conjuring up images of this plant. But it is a good source of vitamin B6, thought to be a libido booster.

3. Lemons, oranges, other fruits with vitamin C. Vitamin C doesn't just prevent scurvy in sailors. It also is believed to boost fertility in men.

4. Ginko biloba. A herbal remedy made from the leaves of the ginko biloba tree, folklore suggests it improves blood flow to the brain and sexual organs.

5. Passion fruit. With a name like this, how can it not get the sexual motors revving?

Food for thought

1. Fish. Salmon and other oily fish contain omega-3 fatty acids, which are essential to cell function, especially in the brain. They have also been shown to help prevent Alzheimer's disease.

2. Bananas. No monkeying around, this yellow fruit favourite contains folic acid, which is essential for metabolism of long-chain fatty acids in the brain.

3. Whole grain products. Breads, pastas, rice, fortified cereals – they all contain vitamin B1, which is essential for healthy brain and nerve cells.

4. Meat and poultry. Chicken and beef are excellent sources of protein, as well as vitamin B12, which helps keep nervous tissue healthy.

5. Milk. A good source of vitamin B5 (Pantothenic acid), it forms a coenzyme that helps in the transmission of nerve impulses. One per cent milk is better for adults, due to the low fat content, while children should drink whole milk.

Good food, bad food?

While there are no bad foods, some foods simply offer nothing but trouble if eaten in excess. Among some of the most tempting -- and illness-inducing -- foods:

1. Pop, especially colas. Packed with sugar and calories, carbonated drinks contain phosphoric acid, which leaches calcium from teeth. They are often ingested instead of more healthy choices such as milk or juice.

2. Potato chips. It may come from a potato, but don't fool yourself. The average potato chip is more than one-third saturated fat – the kind that clogs arteries and induces heart attack. Chips also contain a frightening amount of salt.

3. Ice cream. Sorry, but most ice cream offers scoops of trouble due to its high fat content.

4. French fries. They may have become the new staple food of western culture, but French fries are dripping with fat and loaded with salt, both of which have been linked to cancer.

5. Hot dogs. A favourite with the kids, hot dogs contain some protein, but that goodness is offset by high fat and salt content.

Read about the epidemic of childhood obesity

Learn about the new services to be offered at SouthLink - Calgary's new health centre

Watch a video on the importance of nutrition during pregnancy

news, advice, answers

www.calgaryhealthregion.ca

calgary health region

HEALTHLINK

Ask a Nurse
Call 943-LINK (5465)

What you need to know about the flu and migraine

Q: I suffer from migraines. Are there things I can do to prevent getting them?

A: A migraine headache is not like a regular headache. It may cause intense pain and be accompanied by symptoms such as nausea or vomiting. Regular sufferers can identify some triggers for their migraines such as drinking wine or eating certain cheeses. Other triggers are harder to pinpoint at first. For example, a change in the weather is a common trigger for many migraines.

It is helpful to keep a diary, recording what you were doing, or not doing, in the 24-hour period prior to the onset of a migraine headache. This can help you to see any patterns or trends, more so than simply listing foods eaten or events that occurred. For instance, while certain foods may trigger migraines in some people, for others it may be missing meals. Stressful situations may also trigger migraines for some while a lack of sleep is a definite trigger for others.

By pinpointing the triggers, you can modify your behaviour and reduce the number of migraines. Some triggers such as a change in the weather are harder to avoid, but in these situations general healthy lifestyle measures will still help. Eat regular healthy meals and get enough sleep. Dealing well with stress and finding time to relax and have fun will also help your body respond better to triggers that you can't avoid.

Also, be sure to stay in contact with your physician if you are getting migraines. There are medications that your physician can recommend to prevent or treat migraines.

Q: I missed my flu shot and I'm concerned that I may get it. What should I do? Can I still get a flu shot in January?

A: Influenza usually occurs in the late fall and winter months and is different than the stomach flu which brings on vomiting and diarrhea. True influenza, caused by the influenza

Photo by David Chittick

virus, is a respiratory illness and is usually accompanied by a runny nose and cough. It also comes with a sore throat, headache and fever. The onset is often abrupt and it can spread quickly, after a short one to two day incubation period.

People say the muscle aches and pains are what sets the flu apart from a regular cold. Many say they hurt all over or feel like they've been run over by a truck. Getting a flu shot can help prevent the onset of influenza. You can get one anytime during the year by checking with your doctor or calling Health Link. If you have a chronic illness and you start to develop influenza symptoms, contact your physician. He or she may want to prescribe a medication that helps if it is taken early in your illness. The influenza virus is spread through secretions that are coughed into the air or deposited on to objects that we touch. Frequent hand washing with soap and water will help limit germs from spreading.

If you do get influenza and symptoms appear to be getting worse rather than better after three days, you should seek medical attention or contact Health Link. So too, if a fever hasn't settled down by day five. The cough caused by influenza often sounds deeper, from the chest, rather than a simple cold. The sound of the cough, though, is not a good indicator if you have developed other problems such as pneumonia, but if you have difficulty breathing or chest pain it is important to seek further attention. Influenza is particularly difficult on those who are older or who have underlying health problems especially related to the heart, lungs or immune system.

If you are concerned about a health issue and would like to speak to a health professional, you can contact your family physician or speak to a registered nurse 24 hours a day, seven days a week by calling Health Link.

Calgary, (403) 943-5465
Edmonton (780) 408-5465
or toll free 1-866-408-5465

Q: I have family members in Calgary who do not speak English. How can they access nurse advice or health information?

A: Health Link nurses have access to interpreters 24 hours a day. This service provides support in 150 different languages. The Health Link line is set up such that following the opening message in English, your family members need only to push two on the telephone to speak directly to a nurse. When the nurse comes on the line they should indicate the language required. The nurse will take a few minutes to contact an interpreter and then will return to the phone call. Through the interpreter the nurse will carefully assess the reason for the call and make recommendations about when your family members should seek further medical attention as well as offer self-care measures that can be used at home.

If your family members speak Chinese, Health Link is currently undergoing a trial project that offers separate lines for Cantonese and Mandarin. For a message and interpretation services in Cantonese contact 943-1556; for Mandarin contact 943-1554.

Do you have a question you would like to ask a nurse? Please e-mail your request to askanurse@calgaryhealthregion.ca or write to: Ask a Nurse, 10101 Southport Road, S.W., Calgary, AB., T2W 3N2.

Ask a Pharmacist with Curtis Ross

Can vitamin C prevent a cold?

The following information is provided courtesy of your Calgary Co-op pharmacists. Always check with your pharmacist if you have any questions or concerns regarding your medication and when choosing over-the-counter products.

Q: My doctor will not prescribe an antibiotic when I have a cold or the flu. Why?

A: If your doctor believes you are suffering from a common cold or the flu, he or she will not prescribe an antibiotic because these ailments are caused by viruses. Antibiotics do not have any effect on viruses; antibiotics are only used for infections caused by bacteria.

Q: What can I do to keep from getting a cold or the flu?

A: The most simple and effective way is to wash your hands. Viruses can linger on doorknobs, telephones, money and many other objects and surfaces we touch throughout the day. Cleaning surfaces, including your telephone, with a disinfectant can help reduce the spread of a virus. Of course, trying to be as healthy as you can by eating well and getting enough sleep can also help fend off viruses.

Q: My children always seem to be getting colds! Is this normal? I only get one or two a year at most.

A: On average, children can get anywhere from 8 to12 colds a year. Adults tend to only be bothered with a cold between two to four times a year.

Q: I am so confused about all of the cold and flu products on pharmacy shelves. Help!

A: There are, literally, hundreds of cold/flu remedies available. Below, is a brief description of some ingredients you will find in these products:

Decongestants (e.g. phenylephrine; pseudoephedrine): These can be oral (tablets, liquid) or nose sprays. They work by shrinking swollen nasal tissues. Nose sprays should never be used longer than five days. Using them for longer periods can result in "rebound congestion." The nose gets even more stuffy and congested than it was before. Oral decongestants (liquid, tablets) may cause a person to feel jittery, anxious or sometimes cause problems with sleep. Be careful taking decongestants if you suffer from certain health conditions, such as thyroid problems, diabetes or high blood pressure.

Analgesics (e.g. acetaminophen, Tylenol; ibuprofen, Advil, Motrin; acetylsalicylic acid, Aspirin): These can help reduce pain and fever. Do not give aspirin products to children with viral infections. It can sometimes cause a rare, fatal condition called Reyes Syndrome.

Antihistamines (e.g. chlorpheniramine): Antihistamines are often used for allergies, but can sometimes help to relieve sneezing or dry up a runny nose. Antihistamines often cause drowsiness, so caution must be used when driving. As well, they can often make a person feel worse when sinuses and nasal passages are dry and plugged up; they should not be used in these cases.

Cough suppressant (e.g. dextromethorphan): This is used to stop a cough, but coughing is a good way to clear the lungs of secretions and mucus. Leave your cough untreated unless it interferes with your sleep or causes great discomfort during the day. If you feel you need to stop your cough, treat with dextromethorphan, known as DM, for a dry cough (no mucus in chest). Some people will also try over-the-counter codeine products (kept in the dispensary) for their cough. These codeine products do not necessarily work any better than DM.

Expectorants (e.g. guaifenesin): This is supposed to help make mucus or phlegm in the chest and nose runnier and easier to expel. However, there is little evidence to show that guaifenesin is effective. An expectorant that works as well, if not better, is water. Try staying hydrated by drinking six to eight large glasses of water during the day. This will help to loosen the congestion in your lungs.

Q: I had a flu shot and still got the flu. Why?

A: The influenza virus changes every year. Medical companies modify their vaccines according to the viruses expected to circulate in the population that year. Because there are hundreds of different viruses, you may catch a virus that is rare and will not be stopped by the flu shot. An effective vaccine for every respiratory virus has not been made yet. For the majority of the population, the vaccine made each year will work for the flu bugs passing through our community.

Q: Can I catch the flu by getting a flu shot?

A: No. This is a myth. The flu vaccine contains inactivated (or "killed") influenza virus strains or virus particles. If you fall ill shortly after receiving a flu shot, you were most likely already infected with a virus and would have gotten sick regardless of the flu shot.

Q: Is it true that vitamin C can prevent a cold?

A: This is a popular belief that has yet to be proven by the medical world. Studies have shown that large doses (1 g per day) may shorten the duration of a cold by half a day. Taking high doses of vitamin C over prolonged periods of time may cause problems, such as kidney stones and diarrhea.

Q: I want something natural and safe for my cold. Which herbal products will help?

A: Echinacea is widely used to prevent and treat the common cold by boosting the immune system. North American ginseng is also promoted to prevent colds in up to 90 per cent of cases. Studies are ongoing. In the meantime, evidence is still somewhat inconclusive. These two natural products appear to be safe and well tolerated. Sometimes they can cause nausea and dizziness. Zinc lozenges can also be tried to shorten the duration and severity of a cold. They should be started within 48 hours of your cold symptoms. Side effects are minimal, but watch for a bad taste in the mouth, nausea or diarrhea. Like echinacea and ginseng, the evidence for zinc's effectiveness is inconsistent.

Q: My baby is eight months old and has a cold. What cold medicine can I give her?

A: Tylenol or ibuprofen can be used for relief of fever greater than 38.5 C. Children under two years of age should not be given any other cold medication containing antihistamines, decongestants or cough suppressants. You can try propping your child upright to sleep in the daytime to help with nasal congestion. Use saline nasal drops and a nasal aspirator to aid in clearing mucus from the nose. Keep a humidifier in the baby's room to help the throat stay moist. This is especially important with Calgary's dry air.

Q: My child has a cold/flu and doesn't seem to be getting better. When should I take my child to the doctor?

A: Take a child to the doctor if one or more of the following are true:

- They seem to have an earache,
- They have a high fever (temperature above 39 C or 102 F),
- They seem overly sleepy,
- They seem overly cranky or fussy,
- They have rapid breathing or trouble breathing,
- They have a cough that lasts more than 10 days,
- They have a skin rash

Q: I am a new mother who is breastfeeding. Is there something safe I can take for a cold or flu?

A: A nursing mother can safely take acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) for pain and fever. An oral decongestant (Sudafed tablets) is considered to be safe while breastfeeding; however, the drug is transferred into breast milk. The baby should be monitored for signs of stimulation (excessive crying, irritability, trouble sleeping). Antihistamines and cough suppressants (dextromethorphan/ DM) in cold medicines should generally be avoided, as there is little or no information on use in breastfeeding. Codeine can be used for cough since it is safe while nursing. Short term use of low doses is acceptable.

Q: I am pregnant. What can I take for a cold or flu?

A: During your first trimester, try to avoid taking any medication. After the first trimester, DM or codeine for cough is safe. For nasal congestion, try normal saline sprays first. If necessary, decongestant sprays (Otrivin, Dristan) can be used for short term (no longer than three to five days). Avoid oral decongestant tablets (eg. Sudafed, Actifed). Acetaminophen (Tylenol) can be used for aches and fever. Avoid aspirin and ibuprofen in the last trimester. Antihistamines in cold medicines should be avoided if possible. Since antihistamines are in numerous cough/cold preparations, check the label or ask your pharmacist.

The information in this column was produced by Curtis Ross with files from Denise Dillman. Ross and Dillman are pharmacists with Calgary Co-operative Association Limited.

Do you have a question for our pharmacists? If so, please e-mail your question to askapharmacist@calgaryhealthregion.ca or write to:

Ask A Pharmacist, 10101 Southport Road S.W. Calgary, AB. T2W 3N2.

Some differences between the common cold and the flu

SYMPTOMS	COLD	INFLUENZA (FLU)
Cough	Mild to moderate	Common
Fatigue, exhaustion	Mild	Extreme, early, may last 2-3 wks
Fever	Rare	Sudden onset
General aches and pains	Slight	Prominent
Headache	Rare	Prominent
Runny, stuffy nose	Common	Uncommon
Sneezing	Common	Occasional
Sore throat	Common	Occasional

Nutrition with Wendy Shah

Fabulous fibre

Scientists say that eating more foods with soluble fibre can help you lose weight – and stay healthy

Do you have diabetes or high cholesterol? Are you trying to lose weight but find you are always hungry? Are you suffering from irritable bowel syndrome?

If so, you may benefit from adding more soluble fibre to your diet. Dietary fibre is found in foods of plant origin. There is no fibre in meat or milk products. Humans cannot digest fibre and therefore it is calorie-free and is not absorbed into our body.

Although many of us feel we are eating a fairly high fibre diet, according to Health Canada, the average adult Canadian eats less than15 grams of fibre per day. For optimal health benefits, it is recommended that we consume 25 to 35 grams of fibre daily. As an example, you would get 2.5 grams of fibre if you ate one slice whole wheat bread or a 1/2 cup of broccoli.

Dietary fibre is divided into two types, soluble and insoluble, depending on whether the fibre can dissolve in water. Although most plant foods have some of both types of fibre, the typical Canadian diet contains more insoluble fibre. Rich sources of insoluble fibre include wheat bran, bran cereals, whole wheat products and vegetables. Insoluble fibre helps to keep your intestinal tract healthy. The really exciting news is what soluble fibre can do for your health.

The very latest medical guidelines for the management of abnormal cholesterol recommend an increase in high fibre foods. Studies have shown that a regular intake of adequate soluble fibre, in combination with a lower fat diet, lowers blood cholesterol levels and the risk of heart disease. This is especially true of the fibre in barley, oat bran and psyllium*.

Soluble fibre "tricks" the body into making less cholesterol. Since our body produces 80 per cent of our blood cholesterol this effect can have impressive results.

Diabetes management may be improved by a slower and smaller rise in blood glucose levels after eating soluble fibre. Blood sugar levels are more stable with fewer highs and lows.

Due to the slower release of food into your bloodstream, you feel full longer thanks to soluble fibre. This makes it easier to control your appetite when you are trying to lose weight.

For optimal health benefits, it is recommended that we consume 25 to 35 grams of fibre daily.

The soft, bulky gel formed in your intestine by soluble fibre reduces the pressure build-up in your large bowel reducing the pain associated with irritable bowel syndrome. This is also helpful in preventing diverticulosis.

Soluble fibre can be effective in the management of diarrhea associated with irritable bowel syndrome by absorbing excess fluid in your intestine.

A regular intake of soluble fibre can be helpful in preventing constipation.

Good sources of soluble fibre include:

- Oat bran and rolled oats
- Barley
- Legumes such as dried peas and beans, chick peas and lentils
- Nuts and seeds
- Fruit
- Vegetables
- Psyllium*

*Psyllium is a grain whose seed husks are very high in soluble fibre. It is available in bulk fibre supplements and in the breakfast cereal, Kellogg's All Bran Buds.

Foods high in soluble fibre offer a wide variety of health benefits at a very economical price. Next time you're in the grocery store, instead of focusing on fat-free and low sugar foods, turn your attention to finding fibre for your health.

Wendy Shah is a nutritionist with the Calgary Health Region.

Here is a handy list of foods rich in soluble fibre.

Oat bran
Rolled oats/oatmeal
Oatmeal cookies/Granola
Red kidney beans
Kellogg's All Bran Buds with psyllium
Cereal fortified with psyllium
Frozen fruits and vegetables
Baked beans
Pear lentils
Soups such as:
Split pea
Green pea
Black bean
Lentil
Minestrone
Kidney
Beef and barley
Tomato
Canned products such as:
Mixed beans
Chili
Beans, lentils, chick peas
Barley
Barley flour
Frozen burritos
All nuts
Peanuts, almonds, cashews
Peanut butter
Almond butter
Soy nuts
Ground flaxseed meal
Dahl (lentil curry)
Hummus
Falafels
Bean salad
Lentil salad

Note: Increase your intake of fibre slowly and drink plenty of water to reduce any abdominal discomfort.

www.calgaryhealthregion.ca/hlthconn/topics/nutr.htm

Staying Healthy with Rob Walker

A spoonful of applesauce helps make the medicine go down...

Sugar may make the medicine go down in movies, but at home it's often a different story. Long before children learn to read a medicine label, they know what's coming—and often protest. So parents frequently find themselves doing battle with youngsters, coaxing and cajoling them to take what's good for them, says Cheri Nijssen-Jordan, director of Emergency Services at Alberta Children's Hospital in Calgary. They worry the illness will worsen or spread to the rest of the family.

Other health-care professionals who've researched ways to make medicine taste better have useful suggestions, including adding pleasant-tasting flavours to medicines.

A new flavouring technique, marketed to hospitals and pharmacies, offers more than 40 different flavours - including chocolate, lemon, lime and strawberry. If the medicine tastes bad and you didn't get it flavoured, you might mix it with food and drink - but only after consulting with your doctor or pharmacist to be sure you won't alter the effectiveness.

For really bad-tasting medicine, try a "chaser," such as mints or other candy.

Some pills can be crushed with a pill crusher, but—again—only if you have your doctor's or pharmacist's OK. Then sprinkle the powder on food or mix into a drink or put it in applesauce, ice cream or pudding.

Also consider a reward system, such as a ride on your shoulders. To encourage co-operation among older children, give them some control. Ask what they'd like to mix the medicine with, or how they'd like to take it. Incorporate medicine taking into your child's daily routine. Consider giving it before or after tooth brushing.

Dr. Nijssen-Jordan suggests giving them something really cold, such as a popsicle or ice cube, beforehand to dull their sense of flavour. Then follow the medication with something cold again. When mixing medication with food, she suggests using strong or distinctive foods, such as yogurt, which will mask the taste more effectively. Also, match the texture, so that if the medicine is thick or oily make sure it is mixed with something similar to conceal it better.

Vent your spleen, live longer

If you get mad and vent your anger, you may live longer than those who seethe under a calm exterior, according new research findings on elderly priests and nuns.

Those who failed to vent their spleen were twice as likely to die over a five-year study period, says study co-author Robert Wilson, professor of neuropsychology at Chicago's Rush University Medical Centre.

Dr. Brian Bland, head of the University of

Calgary's Department of Psychology, said his colleagues have long believed that venting anger might extend life span.

"But this has been at an anecdotal level. This research is a step in the right direction, providing some experimental validation," he added.

Researchers examined the medical records of 851 subjects from across the United States from 1994 to 2002 to find out how expression—or suppression—of anger contributes to life span. Their findings appear in a recent issue of the American Journal of Epidemiology.

Priests and nuns are a good group to study because they live in almost identical social worlds, Wilson says. For those who died, he looked back at subjects' earlier tests measuring the level of negative feelings and ability to express them. Over an average period of five years, the 10 per cent of the subjects with the greatest tendency to keep negative emotions bottled up—those who "sit and stew"—were twice as likely to die as the 10 per cent on the other end of the scale.

Are kids' playgrounds safe?

Those innocent looking playgrounds dotted across Calgary may not be as safe as we think, according to new concerns raised by authorities south of the border.

U.S. officials released a report concluding children who have frequent contact with arsenic-treated wood—such as is commonly found in playground equipment, play sets and decks—have an increased risk of developing cancer.

But a Calgary Parks official says our own study indicates nothing to be too concerned about. U.S. Environmental Protection Agency (EPA), says 90 per cent of children with repeat exposure face a cancer risk of greater than one in one million - considered the threshold for concern. The risk from arsenic is especially great for lung, bladder and skin cancers. The wood industry has long used arsenic, a carcinogen, in a compound to pressure-treat wood. Children can absorb it by simply touching the wood.

Ken Giles, spokesman for the U.S. Consumer Product Safety Commission (CPSC), says no human cases of cancer have yet been attributed directly to arsenic-treated wood and not to tear your decks out just yet, but encourages kids to wash their hands after they play at the playground.

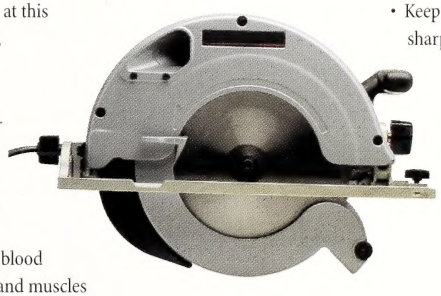
Meanwhile, Con O'Keefe, environmental specialist with Calgary Parks, says his department has been phasing wood out of playgrounds, and since 2001 has not accepted tenders with wood products for park playground development. Although Health Canada is not recommending removal of existing CCA-treated wood structures in playgrounds, Calgary Parks will continue gradual replacement.

Recently, Calgary Parks hired a consulting firm to assess arsenic, chromium and copper at 12 park playgrounds having CCA-treated lumber. Preliminary results indicate very low evidence of elevated arsenic, chromium or copper concentrations.

City hall is monitoring developments with the Pest Management Regulatory Agency of Health Canada and continuing its phasing out.

Cold hands and power tools a bad fit. The vibration in cold or wet weather can cause a painful condition

Goldfinger was James Bond's arch enemy. But another villain, Coldfinger, is the enemy of many outside workers at this frigid time of the year, according to British researchers.



Vibration white finger is the most common form of a condition called Hand Arm Vibration Syndrome (HAVS), which affects blood vessels, joints, nerves and muscles in the hands, wrists and arms, say University of Central Lancashire researchers.

HAVS may start with a tingling sensation and numbness in your fingers. In cold, wet weather, fingers turn white, then blue, then red and are very painful. You may have difficulty picking up objects such as nails because of reduced feeling in your fingers, as well as loss of strength and grip in your hands.

But Dr. Ken Corbett, specialist in occupational medicine at the University of Calgary, says although he does see some cases, it's not as big a problem in this city as you might expect. While workers here do use hammer drills and vibrating equipment in the winter, the use of vibrating equipment is not as consistent as in the mines and foundries of Ontario. While cold weather is a contributing factor to HAVS, long usage is more important, Corbett says.

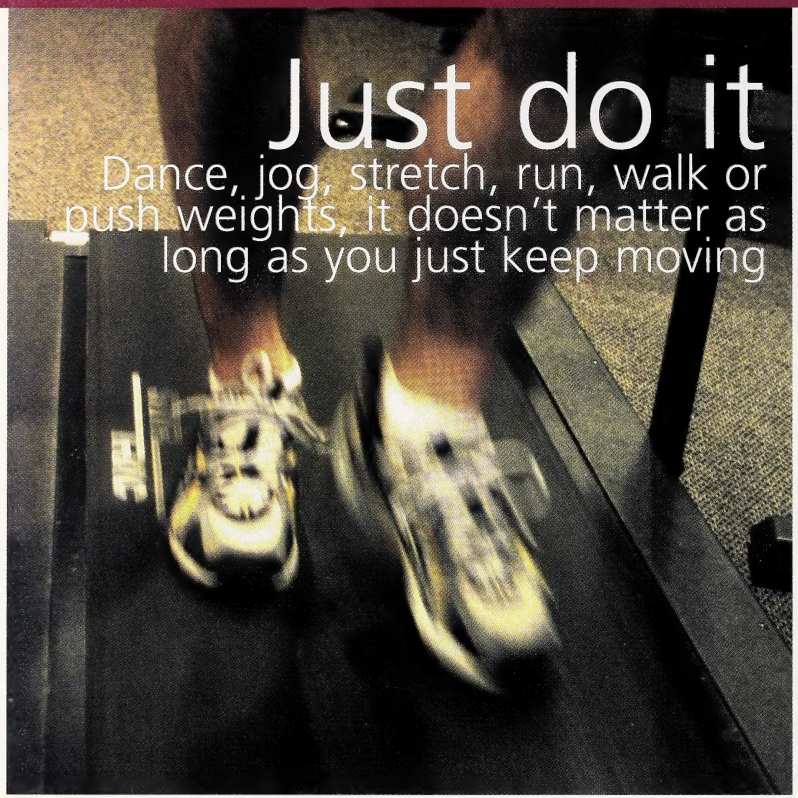
Still, say the UK investigators, you could be at risk of developing HAVS if you regularly use hammer drills, jigsaws, sanders and angle grinders, concrete breakers, chipping hammers or power lawn mowers.

To avoid HAVS:

- Tools and machines should be designed to be operated by workers wearing gloves.
- Keep your body warm and dry. Quit or cut down on cigarette smoking, which reduces blood flow.
- During a break, massage and exercise your fingers.
- Keep tools in warm storage areas when they're not being used so the handles won't be cold when you use them.
- Use vibrating power tools less or choose ones with lower vibration levels.
- Keep power tools sharpened, well maintained and repaired.

Rob Walker, owner of The Yoga Studio South, writes about health issues.

Fitness with Helen Vanderburg



Just do it

Dance, jog, stretch, run, walk or push weights, it doesn't matter as long as you just keep moving

"Lose 10 pounds in one week!"
"Lose weight without exercising or dieting!"
"Burn fat while you sleep!"
"Turn fat into muscle!"

If you close your eyes, you can just imagine a cowboy in the 1800s standing on the back of a covered wagon making the same promises and offering a good old bottle of snake oil as the answer to your prayers.

A century later, the same cowboys are everywhere, from the Internet to television, selling the same cures from hair loss to obesity. Regrettably, the hope and promise of great results still fades to loss and sadness today as it did in the days of Wild West and snake oil salesmen.

The challenge to improved fitness is that the journey isn't sexy, easy or quick. Instead, long-term results require changes to our lifestyle that most of us aren't willing to make voluntarily. Yet the key to producing safe, effective and long-term results has always been regular exercise combined with a balanced diet applied consistently over time. Again, the ingredients are exercise, proper diet and time. In analyzing why most people who fail in their new year's fitness resolutions it's typically too little or inappropriate exercise, insignificant dietary changes and a lack of discipline to execute the changes over sufficient time.

Make no mistake, thousands of Calgarians will face a health crisis in 2004, and many of them will become the greatest ambassadors of a healthier, more balanced and fitter lifestyle. But why wait for a ride in an ambulance to move that exercise program from your "C" list of things to do to an "A" list item.

I'd like to share with you some information that may help you determine what is right for your health and fitness plan.

1. Determine your goal: What do you want to achieve with exercise? Do you hope to burn calories, improve your cardiovascular fitness, improve your strength or increase flexibility?

2. Consider the type of activities you enjoy: Exercise adherence is much higher if you are participating in an activity you enjoy or offers you some additional incentive. Repeating the same exercise routine day after day may cause boredom so determine whether your investment will give you variety in your fitness program.

3. Look at your past exercise history: Consider whether you like to work out alone or are you better in a social environment. It doesn't matter how great a piece of fitness equipment is if you are not motivated to do it.

4. Be realistic: Some claims companies make in their advertising and sales are unrealistic. Beware of any claims that guarantee you will look like the model for the equipment advertising. One common claim many advertisements make is that you can burn fat from a particular part of your body by using their equipment. This simply is not true.

5. Ask for help: Getting lost in your fitness program not only eats up time and emotional energy, it is the primary reason we don't see results and quit. Rather than wandering aimlessly get professional help in designing a program tailored to your health profile.

6. Healthy choices: Whether it's deciding on a meal or whether to walk the stairs, we face dozens of decisions every day that can contribute to improved health and fitness. In keeping with our renewed priorities, try to look beyond the immediate gratification or convenience of a decision to what option would be the healthiest. With time you'll simply replace old habits with healthier habits and win through the process.

7. See your family physician: There are four reasons to see your family physician before beginning any exercise program; (1) to identify what forms of exercise are safe for your personal and family health profile (2) to identify any precautions you need to consider with other medical conditions you're being treated for and (3) to identify any tests that may need to be performed before beginning a program and (4) to ask for a referral to either a certified personal trainer or physiotherapist for specific exercise advice.

8. Keep it simple: Think of fitness as movement. Whether you choose to dance, jog, stretch or push weights, movement is what you want. Some movement is good...more movement is better.

You can do it.

Helen Vanderburg, BPE, is co-owner of Heavens Fitness and Fountain Park Health Club.

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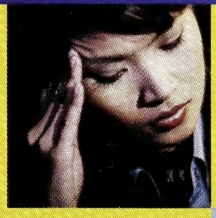

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